

GUILD OF ITALIAN AMERICAN ACTORS (GIAA)

Application for Membership

Mailing Address: Canal Street Station, PO Box 123, NY, NY 10013-0123

E-mail Address: info@giaa.us

Telephone Number: 201-344-3411

Web Site: www.giaa.us

Membership fee: \$350

Annual dues: \$60

Important Information:

All applicants MUST supply a copy of a current driver's license OR other government-issued ID.

The ID MUST include a photograph and date of birth.

Applicants under the age of 18 must provide a letter of permission from their parent or legal guardian, as well as a copy of the parent/guardian's ID as described above, and the minor's birth certificate.

In addition to this application form, applicants must provide a current resume and headshot.

Name: _____ Date of Birth: _____

Mailing address: _____

Phone Number(s): _____ E-mail address: _____

Web site: _____

Agent: _____ Manager: _____

U.S. citizen (circle): Yes/No If no, Social Security number: _____

Check all of the following that apply:

____ Actor/Actress ____ Singer ____ Dancer ____ Writer ____ Director

Circle other performing union membership: SAG AFTRA AEA AGMA AGVA

Do you speak Italian? ____ Yes ____ No

Do you want your headshot included on the GIAA website: ____ Yes ____ No

****Additional fee is \$50, which includes one update per year. Additional updates are \$25 each.****

Important Note: GIAA reserves the right to modify submitted material to conform to our standards.

I agree to abide by the rules and regulations of the Guild of Italian American Actors.

Signature: _____

Date: _____