

APPLICATION FOR MEMBERSHIP
Guild of Italian American Actors (GIAA)
Canal Street Station
PO Box 123
New York, NY 10012-0123

Ph: 201-344-3411

E-mail: info@giaa.us

www.giaa.us

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

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 web site for an additional charge of \$50?

_____ Yes _____ No

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

I agree to pay the initial membership fee of \$350*, the \$60* annual membership dues, and the \$50 fee if I choose to have my headshot and resume on GIAA's web site.

Signature: _____ Date: _____

*10% discount is available for minors (under 18) and senior citizens on both the membership fee and the annual dues