

Membership / Associate Application

Submit complete information (please type or print)

Name: _____

Professional Name: _____

(May not be identical in spelling to a name registered to another member.)

Check Title: Director Choreographer Director/Choreographer

Home Address: _____

Phone: Home: _____ **Business:** _____

Fax: _____ **Email:** _____

Mailing Address (if different): _____

Check theatre venues you have worked in: Broadway Off-Broadway LORT ANTC (Off-Off Broadway)
Stock Industrials Dinner Theatre College/University Small Professional Theatres Concerts

Affiliation: College University Theatre Free-Lance

Check Position: Professor Graduate Student Resident Artist Organization: _____

Name & Address of Representative: _____

Representative Phone/Fax: _____

Social Security #: _____ **Date of Birth:** _____

Other Union Affiliations: _____

I, the undersigned, hereby make application to be an **ASSOCIATE** of the Stage Directors and Choreographers Society, Inc., and support the credo, which is stated below:

I, the undersigned, hereby make application for **MEMBERSHIP** in the Stage Directors and Choreographers Society, Inc., and agree to abide by all rules and regulations as provided in the By-Laws of the Society, as well as to all additional working rules adopted by the membership. One of the chief objectives of SDC is that all members observe the Society's credo, which states the following:

"It is the broad purpose of this Society to elevate the standards of the art of stage direction and choreography; to develop communication among the director and choreographer craftsmen; to establish a means for the dissemination and exchange of ideas of interest to the profession; to aid in the development and training of directors and choreographers; to increase in the professional and public esteem these arts and to develop all conditions that will encourage them..."

Signature: _____ **Date:** _____

Initiation, Dues & Assessments:	<u>Member</u>	<u>Associate</u>
Initiation Fee:	\$1,500.00	\$300.00 (creditable toward initiation fee for future membership upgrade)
Annual Dues:	\$ 200.00	\$ 60.00
Fee Assessments:	2.5%	
Royalty Assessments:	2.5% of all royalties, up to a maximum annual assessment of \$10,000 per director per company; \$8,500 per choreographer per company; \$18,500 per director-choreographer per company.	

Important: This application must be accompanied by your check made payable to SDC in the amount of \$1,500.00 for members, or \$360.00 for Associates. Mail to SDC Membership, 1501 Broadway, Suite 1701, NYC 10036.

Please enclose your resume with your application.