

Submit complete information (please type or print)

Professional Name: _____

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

Legal Name (if different): _____

Check Title: Director Choreographer Director/Choreographer

Home Address: _____ City _____ State _____ Zip _____

Phone: Home: _____ Mobile: _____

Business _____ Email: _____

Mailing Address(if different): _____

Check **theatre venues you have worked in:** Broadway Off-Broadway/ANTC LORT Off-Off Broadway Stock
 Industrials DinnerTheatre College/University Small Professional Theatres Concerts

Affiliation: College University Theatre Free-Lance

Check Position: Professor Graduate Student Resident Artist Organization: _____

Sex: Male Female Transgender Gender Nonconforming **Marital Status** (for Funds Use Only): _____

Ethnicity: African American Arab American Asian Pacific American Caribbean Black Caucasian
 Latino/Hispanic Native American/American Indian or Alaska Native Persian American South Asian Other

Name & Address of Agent/Rep.(if any): _____

Agent/Rep. Phone/Fax: _____

Social Security #: _____ Date of Birth: _____

Other Union Affiliations: _____

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, to adhere to the Rights and Responsibilities as set forth by the Union, and to abide by 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 crafts persons; to establish means for the dissemination and exchange of ideas of directorial and choreographic 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>
Initiation Fee:	\$2,000.00
Annual Dues:	\$ 240.00
Fee Assessments:	2.5%
Royalty Assessments:	2.5% of all royalties, up to a maximum annual assessment on the first two million dollars in royalty earnings, for each company of a production, per year.

Important: Once you receive your approval for Membership, payment of \$2240.00 may be made online at <http://www.SDCweb.org/make-a-payment/> or by check payable to SDC. Mail to SDC Member Services, 321 W. 44TH STREET, SUITE 804, NEW YORK, NY 10036.