



Application for **Associate Membership**

(Use form on reverse side to apply for Full Membership)

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: _____ 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 GraduateStudent ResidentArtist Organization: _____

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

Ethnicity: African American ArabAmerican Asian Pacific American CaribbeanBlack Caucasian

Latino/Hispanic Native American/American Indian or Alaska Native PersianAmerican SouthAsian 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 to be an ASSOCIATE of the Stage Directors and Choreographers Society, Inc., and support the credo, which is stated below:

"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:	<u>Associate</u>
Initiation Fee:	\$325.00 (creditable toward initiation fee for future membership upgrade-Associate Membership must remain in good standing for credit to apply.)
Annual Dues:	\$ 75.00

Important: Once you receive your approval for Membership payment of \$400.00 may be made by check payable to SDC or online.

Mail to SDC Membership, 321 W. 44TH STREET, SUITE 801, NEW YORK, NY 10036

Please enclose your resume with your application.