



Submit complete information (please type or print)

Professional Name: \_\_\_\_\_  
(May not be identical in spelling to a name registered to another member.)

Legal Name: \_\_\_\_\_

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  Transgender  Gender Nonconforming  Marital Status (for Funds Use Only): \_\_\_\_\_

Ethnicity: African American  ArabAmerican  Asian Pacific American  CaribbeanBlack  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 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: Associate  
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 online at <http://sdcweb.org/make-a-payment/> or by check payable to SDC.

Mail to SDC Member Services, 321 W. 44<sup>TH</sup> STREET, SUITE 804, NEW YORK, NY 10036

*Please enclose your resume with your application.*