

## Application 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 □ C	horeographer $\square$	Director/Choreographer	]
Home Address:		City	State Zip
Phone: Home: Mobile:			
Business		Email:	
Mailing Address (if different):			
Check theatre venues you have worked in: Broadway $\square$ Off-Broadway/ANTC $\square$ LORT $\square$ Off-Off Broadway $\square$			
Stock $\square$ Industrials $\square$ Dinner Theatre $\square$ College/University $\square$ Small Professional Theatres $\square$ Concerts $\square$			
<b>Affiliation:</b> College $\square$ University $\square$ Theatre $\square$ Free-Lance $\square$			
Check Position: Professor □ Graduate Student □ Resident Artist □ Organization:			
Sex: Male □ Female □ Marital Status (for Funds Use Only):			
<b>Ethnicity:</b> 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 <b>MEMBERSHIP</b> 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 crafts persons; to establish means for the dissemination and exchange of ideas of directoral 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 Fee:		ties, up to a maximum annual as earnings per production/comp	
Important: Once you receive your approval for Membership, payment of \$1800.00 may be made by check payable to SDC or online. Mail to SDC Membership, 1501 Broadway, Suite 1701, NYC 10036.  Please enclose your resume with your application.			