

Application for **Membership**

SDC Full Membership is available to Directors and Choreographers who provide proof of paid prior engagement as a Stage Director or Choreographer for any theatrical production or companies organized under Actors' Equity, AGVA, AGMA, or SAG/AFTRA.

	Submit complete informat	tion	(please type or print)						
	Professional Name: (May not be identical in sp	ellin	ng to a name registered to another	men	nber.)				
			or 🚨 Choreographer		☐ Director-Choreo		er		
	Home Address:						StateZip		
							<u>'</u>		
	Email Address:								
	Billing Address (if differen	t):							
	Name & Address of Agent/Rep.(if any):				Agent/Rep. Phone/Email:				
	Social Security #:				Date of Birth:				
E	thnicity:					Ge	ender:		
	African American		Latino/Hispanic				Male		
	Arab American		Native American/American India	an or	· Alaska Native		Female		
	Asian Pacific American		Persian American				Transgender		
	Caribbean Black		South Asian				Gender Nonconforming		
	Caucasian		Other						
١	/eteran Status:	Ma	aritalStatus (for Funds use only)	Di	sability Status:		SDC and AGMA have a reciprocal agr		
	I am a Veteran		Divorced		I have a disability		Are you a current member of AGMA:		Yes
	I am not a Veteran		Married		I do not have a disab	ility			No
_	Prefer not to say		Single		Prefer not to say				
(Check theatre venues you	u ha	ve worked in:	Af	filiation:	Po	sition:		
	Broadway		Industrials		College		Professor		
	Off-Broadway/ANTC		Dinner Theatre				Graduate Student		
	LORT		College/University		Theatre		Resident Artist		
_	Off-Off Broadway		Concerts		Free-Lance		Organization:		
	Stock		Small Professional Theatres		Other Union Affiliation		<u> </u>		
	How were you referred to					_			
_									
	by all rules and regulation	ns a iona	nake application for MEMBERSHIF as provided in the By-Laws of the s al working rules adopted by the M as the following:	Socie	ety, to adhere to the Rig	ghts a	nd Responsibilities as set forth by	the l	Jnion,
	the director and choreogninterest to the profession	raph ; to	is Society to elevate the standards er crafts persons; to establish mea aid in the development and training elop all conditions that will encoura	ns fo g of c	r the dissemination and directors and choreograp	excha	nge of ideas of directorial and chor	eogra	aphic
	Signature:				Date:				
	Initiation & Dues:		<u>Member</u>						
	Initiation Fee:		\$2,000.00						
	Annual Dues:		\$240.00						
	Fee Assessments: Royalty Assessments:				a maximum annual ass		ent on the first two million dollar	s in ro	yalty
			your approval for Membership payı il to SDC Member Services, 321 W					<u>ayme</u>	<u>nt/</u> or
					Please	enclo:	se your resume with your applicatio	n.	

Rev. 12/30/19