

Application for **Associate Membership**

Submit complete information (please type or print)

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

Legal Name/Legal Entity: _____

Classification: Director Choreographer Director-Choreographer

Home Address: _____ City _____ State _____ Zip _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Billing Address (if different): _____

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

Social Security #: _____ Date of Birth: _____

Ethnicity:

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

Gender:

- Male
 Female
 Transgender
 Gender Nonconforming

Veteran Status:

- I am a Veteran Divorced
 I am not a Veteran Married
 Prefer not to say Single

Marital Status (for Funds use only)

Disability Status:

- I have a disability
 I do not have a disability
 Prefer not to say

Check theatre venues you have worked in:

- Broadway Industrials
 Off-Broadway/ANTC Dinner Theatre
 LORT College/University
 Off-Off Broadway Concerts
 Stock Small Professional Theatres

Affiliation:

- College Professor
 University Graduate Student
 Theatre Resident Artist
 Free-Lance Organization: _____
 Other Union Affiliations: _____

Position:

How were you referred to SDC? _____

- I, the undersigned, hereby make application to be an ASSOCIATE MEMBER 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: \$375.00 (creditable toward initiation fee for future membership upgrade-Associate Membership must remain in good standing for credit to apply.)
Annual Dues: \$90.00

Important: Once you receive your approval for Membership payment of \$465.00 may be made online at <http://sdcweb.org/make-a-payment/> or by check payable to SDC.

Mail to: SDC Member Services, 321 West 44th Street, Suite 804, New York, NY 10036-5477

Please enclose your resume with your application.