



CANADIAN FEDERATION OF MUSICIANS

Membership Application

An Organization of the American Federation of Musicians of the United States and Canada
National Office: 150 Ferrand Drive, #202, Toronto, Ontario, M3C 3E5
afmcan@afm.org | www.cfmusicians.org

Local # _____

PERSONAL INFORMATION

I, _____, make application to become
a member of Local # _____ of the AFM also known as _____
Name of AFM Local

Professional Stage or Band Name: _____

Address: _____
Street # Street Name Apt #
City Province Postal Code

Telephone: (_____) _____ Cell: (_____) _____

*E-Mail: _____ Website: _____

Date of Birth: _____ / _____ / _____ Social Insurance Number: _____
DD/MM/YYYY

GST/HST #: _____ Country of Citizenship: _____

Canadian Residence Status, if applicable: _____

Instrument(s): _____

List any other AFM Locals you are currently or have been a member of: _____

Have you been suspended or expelled from an AFM Local?: ☐ YES ☐ NO

If yes, explain why: _____

*Electronic Communications: I authorize AFM/CFM and Local # _____ to send electronic communications to
me about union and music industry related matters: ☐ YES ☐ NO

MEMBERSHIP ACKNOWLEDGEMENT

(Pursuant to the Bylaws of the American Federation of Musicians of the United States and Canada)

By my signature below, I further acknowledge and confirm:

COLLECTIVE BARGAINING: The American Federation of Musicians of the United States and Canada (AFM/CFM) and the AFM local identified are my collective bargaining representatives with full authority to negotiate and execute scale agreements with engagers, which establish minimum fees and working conditions for my musical services.

CONTRACTUAL GRIEVANCES: The AFM is my agent to initiate and/or defend my interests in all contractual matters, as such I authorize the AFM/CFM, to, initiate all proceedings, and to execute, acknowledge and deliver any and all documents and pleadings, litigate, collect money, and, in the AFM's sole judgment, join me as a part plaintiff or defendant in suits or proceedings, or to bring suit in my name, the name of the Local or as AFM/CFM. I also authorize the AFM/CFM to accept on my behalf any reasonable offer of settlement in any matter of dispute. I assign this authority with the understanding that AFM Bylaws grant me the right of appeal to AFM's Vice-President from Canada, of a settlement decision which I may find unacceptable. In the event a settlement offer is rejected by myself and the matter is continued with AFM's participation, the AFM may offset from monies awarded or recovered a pro rata share of the expenses (i.e. lawyer/collection agency fees or other applicable disbursements).

NEW USE RESIDUAL PAYMENTS: When AFM/CFM collects residual payments for new use(s) of a musical product, pursuant to an AFM collective agreement, the AFM/CFM will hold those monies into a separate, interest-bearing account; and will attempt to identify and locate the musicians to whom the payments are due. If I cannot be identified or located, and I do not file a claim for payment within three (3) years after the AFM/CFM receives payment, I understand the AFM will transfer the monies due to me to its general treasury to be used to defray the costs of administering and operating the AFM/CFM new use departments; However, at any subsequent point in time I may file a written claim with the AFM/CFM and, upon doing so, I shall be forwarded my share of the residual payment (without interest and offset by the applicable AFM/CFM work dues) unless the State/Province is then holding the residual payment I am due, in which case I shall apply to the State/Province for my payment. (See AFM Bylaw Article 21, Sections 1, 2(a) and 2(b)).

Member Signature: _____

Date: _____ / _____ / _____
DD/MM/YYYY

MEMBERSHIP OBLIGATION

I, the above-named professional musician and applicant, solemnly promise and declare, that I will abide by the Bylaws of the **American Federation of Musicians of the United States and Canada**, submit to its mandates, laws, requirements, and policies as they now exist, and any future amendments; as well as the constitution and bylaws of **Local #** _____, and that of any other AFM Local of which I may become a member. Further, I acknowledge that I am eligible to receive all membership entitlements during the period(s) for which my financial obligations to **Local #** _____ are fulfilled in a manner consistent with rules. I also declare that the answers provided herein are complete and true to the best of my knowledge; in the event it is proven that I have answered untruthfully, I acknowledge that all fees paid pursuant to this application shall be forfeited and my membership rescinded. I also declare that this Authorization will be considered binding on me even if executed and delivered to AFM by facsimile or electronically in PDF, TIF, JPG or similar format.

Member Signature: _____

Date: _____/_____/_____
DD/MM/YYYY

Local Witness: _____

FOR AFM LOCAL OFFICE USE ONLY

Upon acceptance of this application by the local, a copy of both sides shall be provided to the applicant and to CFM. This original is retained by the Local.

Application Accepted: _____/_____/_____
DD/MM/YYYY

New Member Orientation: _____/_____/_____
DD/MM/YYYY

Signed: _____

Name and Title of Local Official: _____