



ACTRA Toronto Member Agent Authorization Form

Please print all information.

Membership Number: _____

First Name: _____

Middle Name or Initial: _____

Last Name: _____

I would like my mail/cheques directed in the following way:

	Home	Agent
Mail (magazines, etc.)	<input type="radio"/>	<input type="radio"/>
Cheques (commercial)	<input type="radio"/>	<input type="radio"/>
Performers' Rights Society Cheques	<input type="radio"/>	<input type="radio"/>

NOTE: By agreeing to re-direct cheques to the agency indicated on this form, ACTRA Toronto is not responsible or liable for those cheques once they have been sent pursuant to the re-direction. Further, ACTRA Toronto re-directs cheques as a courtesy to its members and is under no legal duty to re-direct cheques as requested. ACTRA Toronto reserves the right to cease re-directing cheques for any reason in which case cheques will be sent directly to the performer or will be available for pick-up at the ACTRA Toronto office.

Please complete if applicable:

Agency Name

Agent's Name

_____ (Day) _____ (Month) _____ (Year)
Member or Guardian Signature

_____ (Day) _____ (Month) _____ (Year)
ACTRA Toronto Staff Signature

ACTRA Toronto

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