



# APPLICATION FOR ACTRA APPRENTICE MEMBERSHIP

01110

Professional Name: (if applicable) \_\_\_\_\_

Legal Name: \_\_\_\_\_

Corporate Name: (if applicable) \_\_\_\_\_

SIN: \_\_\_\_\_ G.S.T./Q.S.T.# \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ (Day) (Month) (Year) Cell ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_ (Street) (Apt. No.) Business ( ) \_\_\_\_\_

\_\_\_\_\_ (City) (Province) (Postal Code) Fax ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Agent Information	
Agency Name: _____	Agent Phone: _____
Agent/Rep Name: _____	Address: _____

# of Eligible Work Permits \_\_\_\_\_ Date of 1st Work Permit: \_\_\_\_\_

Reciprocal Agreements: SAG \_\_\_\_\_ AFTRA \_\_\_\_\_ EQUITY \_\_\_\_\_ OTHER \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, make application for Apprentice Membership in ACTRA and if accepted I agree to be bound by and observe the Constitution and By-laws, Rules, Regulations, Codes, Schedules and Agreements of ACTRA in effect, or as they may be amended from time to time. In particular, I agree to abide by Article 404 of the Constitution "Work Rules and Ethics", a copy of which is on the back of this application.

In making application for membership in the Alliance of Canadian Cinema, Television and Radio Artists, I declare that I am (either) a Canadian citizen  or a person granted permanent residency status by the Government of Canada

I understand that I may be required to present documented proof of either citizenship or permanent residency status. I further understand that should this declaration prove to be false, ACTRA may unilaterally refuse to grant me membership in ACTRA or may revoke such membership once granted.

I hereby of my own free will, designate ACTRA as my exclusive bargaining agent for collective bargaining purposes for minimum terms and conditions in any and all matters relating to my engagement and/or employment as a Performer within the jurisdiction of ACTRA.

I agree to provide a current photo and resume to ACTRA to be used in accordance with the ACTRA By-laws.

As an ACTRA Apprentice Member, I authorize the Engager(s) to make deductions as are required under the Agreements and to remit such deductions to ACTRA and the ACTRA Fraternal Benefit Society.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of Applicant)

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPROVED BY \_\_\_\_\_

BRANCH \_\_\_\_\_

AM NUMBER \_\_\_\_\_

INITIATION DATE: \_\_\_\_\_

INPUT DATE \_\_\_\_\_

# of permits remaining \_\_\_\_\_