



ACTRA

APPLICATION FOR ACTRA MEMBERSHIP

01100

Professional Name: (if applicable) _____

Legal Name: _____

Corporate Name: (if applicable) _____

SIN: _____ G.S.T./Q.S.T.# _____ Male Female

Date of Birth: _____ Cell () _____
(Day) (Month) (Year)

Home Address: _____ Business () _____
(Street) (Apt. No.)
Fax () _____

(City) (Province) (Postal Code) Other () _____

Home () _____ E-mail: _____

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

QUALIFICATION FOR MEMBERSHIP

Apprentice Member: _____ Exceptional Circumstances: _____ Other: _____

Reciprocal Agreements: SAG _____ AFTRA _____ EQUITY _____ OTHER _____

(Copy of current membership card must be attached and performer must satisfy criteria established by ACTRA Membership policy.)

APPLICATION FOR ACTRA MEMBERSHIP AND DESIGNATION OF BARGAINING AGENT

SECTION 2

I, _____, the undersigned, make application for 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 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.

If my application for membership is accepted, I agree to be enrolled as a member of the ACTRA Insurance and Retirement Plan administered by the ACTRA Fraternal Benefit Society and further agree to be bound by the By-Laws, Rules and Regulations as enacted from time to time by the ACTRA Fraternal Benefit Society. I hereby appoint the ACTRA Fraternal Benefit Society as my agent with respect to the establishment of my Retirement Savings Plan and authorize my agent to cause my Retirement Savings Plan to be registered under s. 146 of the Income Tax Act (Canada).

I understand that as a consequence of enrollment in the ACTRA Insurance and Retirement Plan and registration with the Department of National Revenue of my retirement savings plan under the Income Tax Act (Canada), and applicable provincial legislation, that any payments under the Retirement Plan to me or my beneficiary will be subject to tax under the provisions of the Income Tax Act (Canada), and applicable provincial legislation.

Signature of Witness
Date: _____

Applicant's Signature
Date: _____

TO ALL APPLICANTS:
ALL THE ABOVE INFORMATION MUST BE PROVIDED IN ORDER TO ESTABLISH RETIREMENT PLANS.

FOR OFFICE USE ONLY

APPROVED BY _____ BRANCH _____

PREVIOUS ACTRA MEMBERSHIP NUMBER(S) OR APPRENTICE NUMBER _____

MEMBERSHIP NUMBER _____ INITIATION DATE _____ INPUT DATE _____
(Day) (Month) (Year) (Day) (Month) (Year)