



TALENT AGENTS & MANAGERS ASSOCIATION OF CANADA

AGENCY NAME: _____

ADDRESS: _____

TELEPHONE & EMAIL _____

Principals/Partners/Associates _____

How long have you/the agency been established? _____

Please list area(s) of representation (i.e. Actors (Adult/Children), Voice, Literacy, Craft persons, etc.) _____

What percentage of your clients belong to a recognized entertainment guilds, union or associations? _____. You must supply with application a current list (Casting Workbook or Breakdown Express) of clients indicating professional affiliations where applicable.

Do you maintain trust account(s) on behalf of our clients? Please supply with application bank confirmation of your trust account(s). _____

Please include two letters of reference (casting director, other TAMAC members, etc.) in support of your application.

All membership applications need to be voted on, and approved by the board of TAMAC.

Please note, to knowingly offer false information will automatically invalidate this application.

If approved, I/We have read and pledge to obey the bylaws of TAMAC and to carry on business according to the Practices.

Applicant Signature

Date

(Please Print Name)