



**T.A.M.A.C.
APPLICATION FORM**

AGENCY NAME: _____
ADDRESS: _____

TELEPHONE: _____
FAX: _____
EMAIL: _____

Principals/Partners/Associates: _____

How long have you/the agency been established? _____

Please list area(s) of representation (i.e. Actors (Adult/Children), Voice, Literary, Craft Persons, etc.)

What percentage of your clients belong to recognized entertainment guilds, unions or associations? Please supply with application form a current list of clients indicating professional affiliation where applicable.

Do you maintain trust accounts on behalf of your clients? Please supply with application bank confirmation of your trust accounts. _____

I/We have included the \$400.00+HST annual membership fee made payable to TAMAC. ____

I/We have read and pledge to obey the bylaws of TAMAC and to carry on business according to the TAMAC Code of Business Practices. To knowingly offer false information will automatically invalidate this application.

Applicant Signature

Date

(Please Print Name)