

GUILD OF ITALIAN AMERICAN ACTORS (GIAA)
Application for Membership

Mailing Address: 1026A Shetland Drive, Lakewood, NJ 08701
E-mail Address: info@giaa.us
Telephone Number: 201-344-3411
Web Site: www.giaa.us

Membership fee: \$350
Annual dues: \$60

Payment can be made by check or money order to address above
Or via PayPal to info@giaa.us

Important Information:

All applicants MUST supply a copy of a current driver's license OR other government-issued ID.
The ID MUST include a photograph and date of birth.

Applicants under the age of 18 must provide a letter of permission from their parent or legal guardian, as well as a copy of the parent/guardian's ID as described above, and the minor's birth certificate.

In addition to this application form, applicants must provide a current resume and headshot.

Name: _____ Date of birth: _____

Mailing address: _____

Phone number(s): _____ E-mail address: _____

Web site: _____

Agent: _____ Manager: _____

U.S. citizen (circle): Yes/No If no, Social Security number: _____

Check all of the following that apply:

Actor/Actress Singer Dancer Writer Director

Circle other performing union membership: SAG/AFTRA AEA AGMA AGVA

Do you speak Italian? Yes No

Do you want your headshot included on the GIAA website? Yes No

** Note: Additional fee is \$50, which includes 1 update per year. Additional updates \$25/each*

GIAA reserves the right to modify submitted material to conform to our standards.

I agree to abide by the rules and regulations of the Guild of Italian American Actors (GIAA).

Signature: _____ Date: _____