| Date: |
|--|
| Name: |
| Date of Birth: |
| Parent's Names (if you are under 18 years old): |
| Mailing Address: |
| Cell Phone Number: |
| Secondary Phone Number: |
| Email: |
| Social Security Number: |
| Ethnicity: |
| Emergency Contact and Phone Number: |
| Hair Color: |
| Eye Color: |
| Height: |
| Weight: |
| Shoe Size: |
| Dress Size: |
| Shirt Size: |
| Pant Size: |
| Suit Size: |
| |
| Please list and describe location of the following: |
| Missing Teeth: |
| Braces: |
| Piercings: |
| Tattoos: |
| Scars/Birthmarks: |
| Dlagge cheels wour ourrent Union Status |
| Please check your current Union Status: |
| Non Union (never performed a union job) |
| Non Union, but Taft Hartley AFTR A |
| Non Union, but Taft Hartley AFTRA Current SAG member |
| Current AFTRA member |
| |
| On honorary withdrawal from SAG |
| On honorary withdrawal from AFTRA |