



PERFORMER INFORMATION FORM

Please provide the following information as it helps us to identify sound recordings you have performed on. Please include a copy of a Government Issue photo id (driver's license, passport).

Legal name: _____

Professional name/AKA: _____

Street Address: _____

City, State, Zip: _____

U.S. Social Security # / Foreign Tax Id # / Country: _____

Telephone(s): _____

Email: _____ Website/bio: _____

Date of Birth: _____ Gender: Male Female Marital Status: _____

Country of Birth _____ Ctry. of Residence: _____ Ctry. of Citizenship _____

Member AFM & SAG-AFTRA? List local and id #'s: _____

List instruments you play (include vocals if applicable): _____

List artists recorded with: _____

List musical genres you are associated with: _____

Are you receiving SoundExchange royalties as a featured artist or band member? Please list bands/artists: _____

Are you receiving SoundExchange royalties as a producer on recordings? Please list artist and song titles

(use additional page to list more): _____

Are you a current or former member of a Symphony or Chamber Orchestra? _____

List orchestra name(s) and years of tenure [i.e. 1988-2013]: _____

Are you registered with a non US organization that pays royalties such as PPL, SENA, MROC

or SAMI? List organizations: _____

Comments: _____

Signature: _____ Date: _____

Please include a copy of a Government Issue photo id (driver's license, passport).

Please make sure it is clear and legible (mail, fax or send to info@afmsagafratfund.org).