



PARTICIPANT 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: _____

Social Security Number/Tax Id Number/Country: _____

Telephone(s): _____

Email: _____ Website/bio: _____

Date of Birth: _____ Gender: _____

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 a featured artist or band member? List bands/artists: _____

Are you credited as a producer on recordings? List bands/artists: _____

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.