



Entertainment Industry Coalition Agency Association Membership Application Form

Agency Name: _____
Agency Address: _____

Business Phone: _____
Fax: _____
Cell Phones: _____

Principals/Partners/Associates: _____

Website: _____
Email: _____

EIC Signatory: Yes No

What type of agency?

- Principal
- Principal and Background
- Models
- Other (define) _____

Areas of representation?

- Babies
- Kids
- Teens
- Adults
- Seniors

Types of representation?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Talent | <input type="checkbox"/> Musicians |
| <input type="checkbox"/> Voice | <input type="checkbox"/> Singers |
| <input type="checkbox"/> Print | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Modeling | <input type="checkbox"/> Writers |
| <input type="checkbox"/> Comedians | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Directors | <input type="checkbox"/> Background |
| <input type="checkbox"/> Dancers | <input type="checkbox"/> Other (specify) |

Percentage of clients belonging to recognized guilds, unions, or associations?

- 0-25%
- 25-50%
- 50-75%
- 75-100%

Terms of Adherence:

I/We commit to uphold the tenants of the EICAA standards, policies and code of ethics.*

I/We grant permission to have our agency identified by ACTRA for their various initiatives including, but not limited to their website.

I/We understand that a \$350.00 annual membership fee (inclusive of GST) is due upon approval of our EICAA membership application by the EICAA executive. Fees are not refundable.

Fax or e-mail membership application form to: (fax) 905-763-7045, (e-mail) mirjam@canadafilm.com

Membership fees to be sent to:

EICAA
 C/O Vanderwerff Talent
 151 Lisa Crescent
 Thornhill, Ontario, L4J 2N2

*Acceptance into the EICAA does not safeguard membership, which will be contingent upon adherence to pending defined EICAA policies and standards.

Signature: _____ Date: _____

Print Name: _____