



TO UPDATE YOUR PRIMARY CONTACT INFORMATION:

Your primary mailing address will be used for all SAG mailings, including dues bills, unless you complete the "Billing Address" line on this form.

*NOTE: Non-Franchised agents may not be listed as your primary contact. If you have any questions as to your agent's status with the Guild, please contact Agency Department at 323-549-6745 (Hollywood) or 212-827-1438 (New York) for additional information before completing this form. Failure to follow these procedures correctly may significantly delay processing your requested changes, as well as receipt of residuals checks or important billing information.

NAME: _____

ADDRESS*: _____
HOUSE NUMBER, SUITE NUMBER AND STREET CITY STATE ZIP COUNTRY

PHONE Home: _____ Business: _____ Mobile: _____

PROFESSIONAL NAME (if other than member): _____

FAX: _____

Please indicate whether this is: [] Agent [] Attorney [] Home [] Other _____

EMAIL ADDRESS: _____

TO UPDATE YOUR BILLING ADDRESS

Complete this section if you wish to have your SAG dues bills mailed to an address that is different from your primary mailing address.

NAME (if other than member): _____

ADDRESS: _____
HOUSE NUMBER, SUITE OR APT. NUMBER AND STREET CITY STATE ZIP COUNTRY

PHONE: _____ FAX _____

ATTN: (i.e. personal assistant) _____ EMAIL _____

Please indicate whether this is: [] Home [] Accountant [] Agent [] Attorney [] Manager [] Other _____

TO TRANSFER YOUR BRANCH AFFILIATION

In order to receive SAG mailings or Board election materials relevant to the geographic area in which you reside (state or region), it may be necessary for you to transfer your branch affiliation.

I WISH TO TRANSFER MY MEMBERSHIP FROM THE _____ BRANCH TO THE _____ BRANCH

To maintain confidentiality and avoid unauthorized changes, you must fax or mail this form with your signature and SAG ID number to the Guild.

MEMBER AUTHORIZATION:

LEGAL NAME: (please print) _____

LEGAL SIGNATURE: _____

If member is a minor, signatures of both parents or legal guardian are needed. Legal proof of guardianship is required.

PROFESSIONAL NAME: (please print) _____

PROFESSIONAL SIGNATURE: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

SAG ID NUMBER: _____

DATE: _____ MAIL OR FAX TO: Membership Services Code #250 Attn: Data Update Department Screen Actors Guild 5757 Wilshire Boulevard Los Angeles, CA 90036-3600 FAX: (323) 549-6792

You can download this form from the SAG website online at: www.sag.org