



CLIENT CONFIRMATION FORM

TO: SAG-AFTRA Professional Representatives Department

MAIN: (323) 549-6745 (LA) (212) 863-4205 (NY)

FAX: (323) 549-6746 (LA) (212) 686-4925 (NY)

EMAIL: agency@sagaftra.org

Please list my agency contact information as follows, until I notify you of a change:

SAG-AFTRA Member Name: _____

SAG-AFTRA ID or SSN: _____

Name of Agency: _____

Agency IDN: _____

Agency Local: _____

Agency Representation Type:

_____ All Areas listed below **(if selected do not have performer initial below)**

- _____ Theatrical (FILM)-OC
- _____ Theatrical (FILM)-VO
- _____ TV Commercials - OC
- _____ TV Commercials - VO
- _____ TV Programs – OC
- _____ TV Programs - VO
- _____ Radio Commercials
- _____ Radio Programs

SAG-AFTRA Member Signature: _____ Date: _____

Revised 03.16.21