



NEW MEMBER ALTERNATE PROFESSIONAL NAME FORM

Dear Applicant:

Recently, you contacted the Membership Department at SAG-AFTRA about joining. We need to inform you of SAG-AFTRA's policy regarding members with the same or similar names.

“It is SAG-AFTRA’s objective that no member uses a professional name which is the same as, or resembles so closely as to tend to be confused with, the name of any other member. SAG-AFTRA urges all applicants and members to minimize any personal or individual risk of liability by avoiding a name that may cause confusion. SAG-AFTRA shall not be responsible or legally liable in the event an applicant or member uses a professional name that may cause any confusion.”

As a result, the possibility exists that we may **not** be able to enroll you with the professional name you wish to use. Therefore, we suggest that you select three (3) alternate professional names and enter them below in order of preference.

Note: Name availability can only be determined at the time of joining.

1. _____

2. _____

3. _____

Social Security Number: _____ - _____ - _____

Legal Name: _____

Signature: _____

Date: _____