

Professional/Stage Name (if applicable):		Stage First Name		Stage Last Name	
Legal Name:		Legal First Name		Middle Initial/Name	
				Legal Last Name	
Corporation Name (if applicable):		Corporate Name		GST/HST/QST#:	
				GST/HST/QST	
SIN		Date of Birth (dd/mm/yy)		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Another Gender Identity _____	
Home Address and info					
Street					
City		Province		Postal Code	
				Country	
Home Phone		Cell		Business Phone	
				Email	
Agency					
Agency Name				Agent Name	

FOR OFFICE USE ONLY	
QUALIFICATION FOR FULL MEMBERSHIP	
Apprentice Member #: _____	Exceptional Circumstances: _____
Reciprocal Agreements: SAG-AFTRA _____	EQUITY _____ OTHER _____
(Copy of current SAG/AFTRA and/or Equity membership card required. Performer must satisfy criteria established by ACTRA Membership policy)	

APPLICATION FOR UBCP/ACTRA MEMBERSHIP AND DESIGNATION OF BARGAINING AGENT

I, the undersigned, make application for membership in UBCP/ACTRA (the autonomous BC branch of ACTRA) and, if accepted, I agree to be bound by and observe the Constitution and By-Laws, Rules, Regulations, Codes, Schedules and Agreements of UBCP/ACTRA and ACTRA in effect, or as they may be amended from time to time. In making application for membership in the UBCP/ACTRA, I declare that I am (either) a Canadian Citizen or a person granted permanent resident status by the Government of Canada. I understand that I may be required to present documented proof of either citizenship or permanent resident status. I further understand that should this declaration prove to be false, ACTRA may unilaterally refuse to grant me membership in ACTRA or may revoke such membership once granted.

I hereby of my own free will, designate UBCP/ACTRA as my exclusive bargaining agent for collective bargaining purposes in UBCP/ACTRA's jurisdiction, and ACTRA as my exclusive bargaining agent for collective bargaining purposes in ACTRA's jurisdiction for minimum terms and conditions in any and all matters relating to my engagement and/or employment as a performer within their respective jurisdiction.

I acknowledge and agree that ACTRA (which includes its collective society, the ACTRA Performers' Rights Society) and UBCP/ACTRA are hereby appointed as my exclusive agents throughout the world in all respects in connection with all of my rights of any nature, contractual or statutory, to receive residuals, royalties, Use Fees, and other like remuneration, arising by virtue of:

- i) any collective or other Agreement to which ACTRA or UBCP/ACTRA is a party, such as (without limitation) the Independent Production Agreement, the BC Master Production Agreement, the National Commercial Agreement, the ACTRA Audio Code,
- ii) any provision of the Copyright Act, or substantially similar foreign statute as amended or replaced from time to time, which provides for Copyright for Performers, Rights of Remuneration and/or other like Neighbouring Rights for artists or performers, such as (without limitation) performers' rights of remuneration in relation to sound recordings (Section 19) and the levy on blank audio recording media (Section 83) and in relation to audiovisual fixations.

I understand that as a Full Member of UBCP/ACTRA I must make a choice to elect one of the two benefit providers: Actra Fraternal Benefit Society (AFBS) or Member Benefits Trust/UBCP Retirement Benefits Society (MBT/RBS). I also understand that the benefit providers (MBT/RBS and AFBS) will communicate with me prior to my election so I can make an informed choice. I also understand that: a) until I elect a benefit provider, producer contributions or deductions collected on my behalf will be held by UBCP/ACTRA and I will not be eligible for insurance benefits nor will I have the opportunity to establish a retirement savings plan; b) these producer contributions and deductions from my earnings will be held in a non-interest bearing account by UBCP/ACTRA until I make my election; and c) UBCP/ACTRA has no liability whatsoever in the event that I do not elect a benefit provider.

I further agree to be bound by the requirements, By-Laws, Rules and Regulations as enacted from time to time by MBT/RBS or AFBS, as the case may be.

I consent to the disclosure of the personal information contained on this form to my benefit provider (either MBT/RBS or AFBS) and the ACTRA Performers' Rights Society for purposes as outlined in UBCP/ACTRA's Privacy Policy (see <https://www.ubcpactra.ca/privacy/>) and ACTRA's Privacy Policy (see www.actra.ca/privacy/).

I have read and agree to the UBCP/ACTRA Privacy Policy and understand that Personal Information means any information about me, including but not limited to my name, address, contact information, age, gender, income, employment history, credit card numbers, GST numbers, and other finance-related information. "Personal Information" may also include a physical description, photograph, resume, and citizenship/immigration status.

The general purposes for which UBCP/ACTRA may collect, use or disclose Personal Information concerning Performers and Members include the following: (a) to ensure compliance with the ACTRA Constitution and UBCP/ACTRA Bylaws; (b) to ensure correct compensation under the applicable Collective Agreements, including but not limited to residuals, insurance, and retirement contributions and RSP deductions; (c) to track permits for Membership qualification; (d) to confirm working hours and conditions; (e) to provide information to casting directors; (f) to provide Members with Union communications; (g) to substantiate or dispute grievances; (h) to substantiate or dispute payroll discrepancies; (i) to investigate fraudulent claims; (j) to conduct the business of the Union; and (k) to comply with legal and regulatory requirements.

I understand that ACTRA and/or its Branch/Local Union offices may send me communications from time to time by electronic and other means and that my consent to receive such communications from ACTRA and/or its Branch/Local Union offices is a required condition of my ACTRA Membership. By signing this form I give my express consent to the receipt of all communications from ACTRA and/or my ACTRA Branch/Local Union office.

I consent to UBCP/ACTRA providing tax receipts pursuant to the Income Tax Act and any applicable regulations in an electronic format.

I authorize the benefit providers (MBT/RBS and AFBS) to communicate with me via email prior to my election so I can make an informed choice.

Applicant/Legal Guardian Signature _____

Parent/Guardian Name and Relationship _____

Date _____

FOR OFFICE USE ONLY		
Approved by: _____	Initiation Date: _____ dd/mm/yy	Input Date: _____ dd/mm/yy
ACTRA ID: _____	UBCP ID: _____	Branch: _____

RIGHTS AND OBLIGATIONS OF AN ACTRA MEMBER

An ACTRA Member shall not act in a manner that is prejudicial to the interest and welfare of ACTRA or its members. The work rules and ethics for ACTRA members are defined in Article 404 of the ACTRA Constitution.

Article 404: Work Rules and Ethics:

- a) act in a manner to protect and respect the integrity of the profession and their colleagues in ACTRA;
- b) work only for employers/engagers with whom ACTRA or the Branch/Local Union has a Collective Agreement, or for engagers who are signatories to an ACTRA Agreement, Code or Schedule of Fees, and have not been declared unfair engagers/employers;
- c) except in the case of charitable or similar production, where specific written permission is given by ACTRA or the Branch/Local Union, work at a rate or fee of not less than that prescribed in the ACTRA or Branch/Local Union Agreement, Code or Schedule of Fees in effect;
- d) work only with members in good standing of ACTRA, or persons who have otherwise been qualified by ACTRA or the Branch/Local Union to work in its jurisdiction;
- e) work only under the terms of a written contract entered into prior to the engagement, where the Agreement, Code or Schedule so provides;
- f) work in compliance with all written agreements between ACTRA and other Associations or Unions;
- g) fulfill all contracts with employers/engagers and exercise professional conduct during an engagement by:
 - i. appearing at all places of work at the appointed time;
 - ii. maintaining membership in good standing and
 - iii. refraining from harassment of fellow members and employees of ACTRA

Copies of ACTRA By-laws and Constitution are available at the Branch/Local Union office and on the ACTRA website www.actra.ca.

IMPORTANT MEMBER RESPONSIBILITIES

- Members can only work under ACTRA agreements.
- Members are responsible for ensuring that their annual dues are paid on time. Failure to pay annual dues for any reason can lead to membership suspension and resignation.
- Members are responsible for ensuring that ACTRA has their correct home address, e-mail and phone number. Members can update their contact information at any time by advising the home branch via phone or email or on line by going to: <https://system.actra.ca/New/Account/LogOn> A member must advise the Branch/Local Union office of any change within thirty (30) days. (ACTRA By-Laws, Obligations of a Member of ACTRA #6)