

STAGE MANAGEMENT

APPRENTICE CREDIT APPLICATION FORM

Clear

ARTIST INFORMATION

Name (First, Middle)	(Last)	Email
Place of Residence (Unit, Address, Street)	(City)	(Province) (Postal Code)
☐ I am a Canadian citizen or Canadian Permanent Resident.		

RETROACTIVE CREDIT INFORMATION

☐ Production			
	Production	Engager	Year
☐ Educational			
	School	Year	
☐ Body of Work			

APPRENTICE CREDIT FEE

The cost for registering each retroactive stage management apprentice credit is \$75.00.

My payment for this credit has been made via:

- ☐ Enclosed cheque, payable to Canadian Actors' Equity Association.
- ☐ Attached one-time [credit card payment form](#).
- ☐ Online banking
(select Canadian Actors' Equity Association as a bill payee on your banking institution's website).

Payment Date
(mm/dd/yyyy)

- 1. Artist statement of intent:** I hereby state that I am a person of at least sixteen (16) years of age, not currently registered in an accredited university, college, or conservatory theatre program, and intend to make a career as a Stage Manager in professional theatre.
- 2. Artist statement of membership:** I hereby state that I am not and never have been a member of Canadian Actors' Equity Association (Equity) or any other professional performing arts association or union (including ACTRA and Union des artistes (UDA)).
- 3. Artist privacy:** Equity and the Engager recognize the right of privacy of individuals with respect to their personal information. The Artist understands that the information contained in this Registration Form is collected for the purposes of the administration of the engagement; the administration of insurance and other such benefit programs offered by Equity; the calculation of filing fees and levies, and that such information will not be used for any other purpose. In signing this Registration Form, the Artist is agreeing to the information being collected, used, and disclosed to those persons/organizations that need such information in order to achieve the above purposes.

Artist	Date (mm/dd/yyyy)

- ☐ A digital signature is not required on this form.
- ☐ By typing my name, I acknowledge that I have read and understood these terms.

Please file this form with Equity at membership@caea.com and retain a copy for your records.
Contact membership@caea.com for information on the number of credits in your file.