



DIRECTORS GUILD OF AMERICA MEMBERSHIP CONTACT INFORMATION - UPDATE FORM

PLEASE PRINT CLEARLY			MEMBERSHIP ID#			
NAME:			<input type="checkbox"/> FOR GUILD RECORDS AND CORRESPONDENCE			
LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL	<input type="checkbox"/> FOR DGA MEMBERSHIP DIRECTORY			
AGENT/AGENCY:						
AGENCY			NAME OF AGENT			
PLEASE CHECK THE BOXES FOR INFORMATION TO BE MADE AVAILABLE TO THE PUBLIC IN THE PRINTED AND ONLINE DGA MEMBERSHIP DIRECTORY						
HOME ADDRESS: <input type="checkbox"/> CHECK BOX TO INCLUDE IN PUBLIC DIRECTORY			HOME PHONE#:		<input type="checkbox"/> <small>DIRECTORY</small>	
			CELL PHONE#:		<input type="checkbox"/> <small>DIRECTORY</small>	
			FAX#:		<input type="checkbox"/> <small>DIRECTORY</small>	
BUSINESS MANAGER (NAME/ADDRESS): <input type="checkbox"/> CHECK BOX TO INCLUDE IN PUBLIC DIRECTORY			PHONE#:		<input type="checkbox"/> <small>DIRECTORY</small>	
			ADDL PHONE#:		<input type="checkbox"/> <small>DIRECTORY</small>	
			FAX#:		<input type="checkbox"/> <small>DIRECTORY</small>	
PERSONAL BUSINESS (COMPANY NAME/ADDRESS): <input type="checkbox"/> CHECK BOX TO INCLUDE IN PUBLIC DIRECTORY			PHONE#:		<input type="checkbox"/> <small>DIRECTORY</small>	
			ADDL PHONE#:		<input type="checkbox"/> <small>DIRECTORY</small>	
			FAX#:		<input type="checkbox"/> <small>DIRECTORY</small>	
EMPLOYMENT (COMPANY NAME/ADDRESS): <input type="checkbox"/> CHECK BOX TO INCLUDE IN PUBLIC DIRECTORY			PHONE#:		<input type="checkbox"/> <small>DIRECTORY</small>	
			ADDL PHONE#:		<input type="checkbox"/> <small>DIRECTORY</small>	
			FAX#:		<input type="checkbox"/> <small>DIRECTORY</small>	
OTHER: <input type="checkbox"/> CHECK BOX TO INCLUDE IN PUBLIC DIRECTORY			PHONE#:		<input type="checkbox"/> <small>DIRECTORY</small>	
			ADDL PHONE#:		<input type="checkbox"/> <small>DIRECTORY</small>	
			FAX#:		<input type="checkbox"/> <small>DIRECTORY</small>	
EMAIL:			WEBSITE:			
<input type="checkbox"/> <small>DIRECTORY</small>			<input type="checkbox"/> <small>DIRECTORY</small>			
ADDL EMAIL:						
<input type="checkbox"/> <small>DIRECTORY</small>						
PLEASE CHANGE MY PRODUCTION CENTER TO THE FOLLOWING: <i>NOTE 60 DAY WAITING PERIOD TO BE IN EFFECT</i>						
<input type="checkbox"/> LOS ANGELES		<input type="checkbox"/> NEW YORK		<input type="checkbox"/> TORONTO (CANADA)		
<input type="checkbox"/> VANCOUVER (CANADA)						
MAILING PREFERENCES • INDICATE WHICH ADDRESS YOU WOULD LIKE THE FOLLOWING MAIL TO BE SENT TO. <i>ONLY ONE ADDRESS FOR EACH.</i>						
	HOME	AGENT	BUSINESS MANAGER	PERSONAL BUSINESS	EMPLOYMENT	OTHER
DUES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESIDUALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DGA MONTHLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DGA QUARTERLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALL OTHER MAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEMBER SIGNATURE (REQUIRED):				DATE:		

INSTRUCTIONS

- ▶ **Please print all information clearly.**
- ▶ For your protection, **members are REQUIRED to sign the bottom of the Update form.** Information cannot be updated without a member's signature.
- ▶ Fill out only information you are adding or modifying.
- ▶ **Information updated here will replace current Membership information and your Directory listing, if applicable.** (for example, if you update information in the "Business Manager" section, it will replace or modify any information currently listed for your Business Manager.)
- ▶ Updating your DGA Membership Contact Information will not update your contact information on file with the **DGA-Producer Pension and Health Plans**. Please call the Plans at 323-866-2200 (outside Los Angeles at 877-866-2200) or go to www.dgaplans.org for more information.
- ▶ **When updating or adding contact information, please be sure to reconfirm if you want that information to be "public."** Information not marked as "public" will be confidential.
- ▶ Mark the specific boxes for **information you want public.** Information not specifically indicated as "public" will be confidential, for Guild use only. "Public" information means you choose to have the specifically marked contact information available on the DGA Membership Directory website, and in the Membership Directory, when published.
- ▶ Any **Mailing Preference** associated with an address will remain with the updated address unless that preference is changed in the "Mailing Preferences" section of the Form. Please note, one mailing preference can be associated with only one address, however, preferences may be distributed among various addresses. (for example, if your Residuals "Mailing Preference" is currently assigned to your Business Manager and you change your Business Manager on this Form, your Residuals will be sent to the new Business Manager, unless you make a reassignment in the "Mailing Preferences" section.)
- ▶ **Updating or adding a new "Home Address" (or any other address) on this Form does not establish a "local employment address."** Members wishing to establish a primary residence outside of a Production Center for purposes of local employment must specifically make such request in writing, with supporting documentation. Once confirmed, there is a 60 day waiting period for local employment addresses to be in effect and members must request a "local hire waiver" prior to every instance of employment within the local area.
- ▶ When changing your **Production Center**, please be reminded there is a 60-day waiting period for your new Production Center to be in effect. Members will receive a new DGA Membership Card with the revised Production Center once the waiting period has expired.
- ▶ Please return the **signed** "Membership Contact Information – Update Form" to:

**Membership Department
Directors Guild of America
7920 Sunset Blvd.
Los Angeles CA 90046-0907
FAX: 310-289-5339**