



## APPLICATION FOR FULL MEMBERSHIP IN THE ASSOCIATION OF AUTHORS' REPRESENTATIVES

**Name of Applicant:**

**Name of Agency:**

**Areas of operation:**

Plays, screenplays, television . . .

**Address:**

**Telephone:**

**Fax Number:**

**E-mail Address:**

I acknowledge that I have read and will be bound by the [Canon of Ethics](#) of the AAR. Member agents must have conducted, and must commit to continuing to conduct, their business in compliance with their legal and fiduciary duties to their clients.

The two Member Agents of AAR who are nominating me in writing are:

**Member Agent 1:**

**Member Agent 2:**

*[Letters of recommendation](#) include the nominator's professional experience with me and set the reasons the nominator believes that I have acted and will continue to act in accordance with the AAR Canon of Ethics. These letters are to be submitted to AAR on agency letterhead.*

*[AAR Online](#) sets forth qualifications in both literary and dramatic branches of the AAR. This is the dramatic branch application; if I qualify separately in the literary branch, I shall also submit [that form](#).*

## QUALIFICATIONS FOR DRAMATIC BRANCH MEMBERSHIP

My primary professional activity for the past two years has been as a playwrights' representative for the selling of rights in and to dramatic works.

If you represent playwrights, but this is not your primary activity, describe your relevant activity in representing motion picture and television writers.

List five productions before a live audience in first class, Off-Broadway, LORT, or major New York City institutional theatres during the past two years for which you were the agent principally responsible for executed agreements.

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**Include these points of information:**

- Title
  - Name of playwright
  - Date of sale
  - Nature of production licensed
  - Production or theater
  - Indicate whether the Approved Production Contract of the Dramatists' Guild, Inc., was used or the production was Off-Broadway in New York City.
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**Sign if submitting printed form. By submitting this form, I affirm the following:**

- I herewith apply for full membership in the Association of Authors' Representatives.
- I agree to pay the initiation fee and annual dues.

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**If you submit via email, you will be asked to confirm by email.**

Date submitted