

## BAY AREA MODELS GUILD (BAMG) Model & Membership Application

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_

Before completing this application, you MUST read the complete document – "WHAT YOU NEED TO KNOW ABOUT THE BAY AREA MODELS GUILD".

EMAIL ADDRESS:					PHONE NUMBER:			
CITY IN WHICH YOU RESIDE:								
Please circle your response, either yes or no								
I have a working voicemail – yes or no								
I have a motorized vehicle good for highway travel – yes or no								
I am a registered sex offender – yes or no								
I am 18 years old or older – yes or no								
I have internet access – yes or no								
MARK YOUR AVAILABILITY WITH AN "X"								
SKIN TONE: _ DESCRIBE YO	N INFORMAHHA	ATION: HEIGHT: AIR: N 5 – 7 WOI	RDS:	_ WEIGHT:	(option			
LIST ANY COSTUMES YOU MIGHT USE OR N/A:								
WHY DO YOU WANT TO JOIN THE GUILD?								
HOW DID YOU FIND OUT ABOUT THE GUILD?								
TELL US MORE ABOUT YOURSELF (hobbies, arts, activism, etc.)								

APPLICANT'S NAME:				
PREVIOUS MODELING EXPER	IENCE:			
Artist/School:				
		Dates:		
Artist/School:				
		Dates:		
Artist/School:				
		Dates:		
WORK EXPERIENCE:				
Employer:	Position:			
Phone:	Email:	Dates:		
Employer:		Position:		
Phone:	Email:	Dates:		
OTHER PROFESSIONAL/PERS		<b>:</b>		
Relationship:				
		Dates:		
Employer/Name:				
		Dates:		
AUTHORIZATION: By signing	you are			
	ou have read and you	e providing is true and correct. are familiar with "WHAT YOU NEED TO KNOW		
SIGNATURE:		DATE:		

Note: Want to stay informed about future auditions? Join via our mailing list at the bottom of Auditions & Membership page <a href="https://www.bayareamodelsguild.org/auditions-membership">https://www.bayareamodelsguild.org/auditions-membership</a>