



Film Musicians Secondary Markets Fund

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Phone: 818-755-7777 Fax: 818-755-7778

www.fmsmf.org

MUSICIAN CONFIRMATION FORM

LEGAL NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

PROFESSIONAL NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____
AREA CODE ()

U.S. SOCIAL SECURITY NUMBER	CANADIAN SOCIAL INSURANCE NUMBER	U.S. TAXPAYER ID NUMBER (FOR FOREIGN PARTICIPANTS)
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DATE OF BIRTH: MONTH / DAY / YEAR SEX (CHECK ONE)
M F

MARITAL STATUS (CHECK ONE)
SINGLE MARRIED DOMESTIC PARTNERSHIP DIVORCED WIDOWED

INSTRUMENT(S): _____ LOCALS: _____

SIGNATURE: _____ DATE SIGNED: _____
(USE FULL LEGAL NAME)

FOR OFFICE USE ONLY:
FORM SENT BY: _____ DATE SENT: _____
EMPLOYEE INITIALS