

Going on WITHDRAWAL or INACTIVE STATUS

If you can't pay your dues and you don't expect to work in ACTRA's jurisdiction in the coming year, consider going on withdrawal rather than being suspended. It makes rejoining easier and saves you from paying past dues and expensive reinstatement fees.

ACTRA's by-laws allow for automatic membership suspension if your dues are not paid by April 30, 2016, and you have not placed your membership on **withdrawal**. Suspended members cannot work in ACTRA's jurisdiction and leave themselves vulnerable to being fined if they do work while on suspension. Once suspended, reinstatement requires you to pay all outstanding dues and fees plus a reinstatement fee of 10%.

COST of going on Withdrawal

To go on withdrawal, you pay a one-time fee of just 25% of the basic annual dues. You can go on withdrawal indefinitely but you will need to pay pro-rated dues for the year you rejoin.

On withdrawal you pay a 10% fee for any commercial residual cheques you receive and ACTRA PRS will deduct 25% from any use fee payments.

Your benefits plan with AFBS can be affected by going on withdrawal. Please contact AFBS at (416) 967 – 6600 to find out more.

HOW TO QUALIFY to go on withdrawal

To go on withdrawal, you must be a member in good standing with all prior dues and fees paid up. You must have been a full ACTRA member for a least one year to go on withdrawal.

HOW TO GO ON WITHDRAWAL

Complete and return the form below or contact Colleen Necheff, National Membership Administrator, ACTRA National, by e-mail at cnecheff@actra.ca or by phone at 1-800-387-3516 extension 4037.

HOW TO REJOIN ACTRA after being on withdrawal

To reinstate your membership, you just have to pay your annual basic dues (pro-rated).

Remember, if you are suspended or on withdrawal, you can't work in ACTRA's jurisdiction.

WITHDRAWAL REQUEST FORM

MEMBERSHIP # _____

STAGE NAME: _____

I, _____, the undersigned am a full member in good standing with dues paid up and make an application to go on withdrawal. I have read the above and understand that I will be charged services charges on Commercial and Performers' Rights Society (PRS) cheques and that my benefits will be affected. I will reactivate my membership and pay the pro-rated dues upon my next engagement in ACTRA's jurisdiction.

SIGNATURE: _____ **DATE:** _____
Day Month Year

Method of Payment Enclosed: *Visa* *Mastercard* *Cheque*

Credit Card # _____ / _____ / _____ **Expiry Date:** _____
Month Year

Name of Cardholder: _____
Name of Cardholder as it appears on card

