



ATPAM
 ASSOCIATION OF THEATRICAL
 PRESS AGENTS & MANAGERS

Beneficiary Designation Form

Member's Name (PRINT OR TYPE)

 Last

 First

 MI

I hereby designate the following as my Beneficiary:

NAME:		RELATIONSHIP:	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:		EMAIL:	

In addition, I hereby designate the following as my Contingent Beneficiary in the event my Beneficiary does not survive me:

NAME:		RELATIONSHIP:	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:		EMAIL:	

 Signature

 Date

RETURN TO:
 ASSOCIATION OF THEATRICAL PRESS AGENTS & MANAGERS
 14 PENN PLAZA, STE 1407
 NEW YORK, NY 10122
 (P) 212-719-3666, (F) 212-302-1585, info@atpam.com