

MEMBER REPORT

(One copy of this form must be filled out and filed with AFTRA within 48 hours of engagement.)

NON-BROADCAST/INDUSTRIAL RECORDED MATERIAL

Each member is responsible for filing their own Member Report or making certain that one is filed on their behalf. Failure to file for each engagement for non-broadcast recorded material may subject you to a fine of \$20 for each offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement: _____ Recording Studio: _____ Address: _____

Advertising Agency: _____ Address: _____ Tel. No.: _____

Employer (if other than agency): _____ Address: _____ Tel. No.: _____

Sponsor, Product or Service: _____

Fee to be paid by: _____

TYPE OF RECORDING:

- VIDEO TAPE INDUSTRIAL PROGRAM - ON CAMERA
- VIDEO TAPE INDUSTRIAL PROGRAM - OFF CAMERA
- CATEGORY I CATEGORY II
- AUDIO TAPE ONLY (NON-VIDEO TAPE)
- CATEGORY I CATEGORY II
- OTHER (Explain) _____

USE CATEGORY:

- LIVE ENTERTAINMENT AGREEMENT** 1 YEAR 3 YEAR
- Instruction or Education Sales Promotion Meetings
- Conventions Point of Sale In-Plant
- In-Flight Public Display Churches
- Classrooms Seminars Phonecasting
- Storecasting Amusement Park Talking Toys
- Place where admission is charged (Specify) _____
- Other (Explain) _____

NON-PRINCIPAL PERFORMERS (Audio Tape Portion of Code only:

of lines _____ # of Doubles _____

Additional Information (doubling, etc.) _____

Retake Remake

SOCIAL SECURITY NO. CORP. NO. (if applicable)	PERFORMER FSO (if applicable)	ARTIST TO INITIAL	CAMERA		HOURS EMPLOYED (SPECIFY ALL BREAKS INCLUDING MEAL PERIODS)			NO. OF PRODUC- TIONS	* TYPE OF PERFOR- MANCE	WARDROBE FURNISHED BY ARTIST		FEE	10% OVERSCALE	
			ON	OFF	FROM	MEAL BREAK	TO			YES	NO		YES	NO

The information contained in this Memorandum is obtained from the contract or contracts, verbal or written, which the undersigned employer has entered into with the members of AFTRA whose names are listed hereon.

This engagement shall be governed by and be subject to the applicable terms of the AFTRA Code of Fair Practice for Non-Broadcast/Industrial Recorded Material.

* KEY TO TYPE OF PERFORMANCE

N	Narrator	SE	Sound Effects
P	Principal	E	Extra
NP	Non-Principle	SAE	Special Ability Extra
GS	Group Singers (3 or more)	SB	Silent Bit
C	Contractor	D	Dancer

EMPLOYER: _____

Signature of Employer or
Employer Representative: _____

AFTRAPerformer _____

AFTRAPerformer's
Phone Number: _____ Date: _____

ORIGINAL (WHITE) – TO AFTRA
COPY 1 (PINK) – TO EMPLOYER
COPY 2 (YELLOW) – MEMBER RETAINS