



The Artist Cannot Waive Any Portion of the Union Contract Without Prior Consent of SAG-AFTRA

SAG-AFTRA

MEMBER REPORT

NON-BROADCAST RECORDED MATERIAL

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

1900 Broadway, 5th Floor
New York, NY 10023
(212) 532-0800

One East Erie, Suite 650
Chicago, IL 60611
(312) 573-8081

5757 Wilshire Blvd.
Los Angeles, CA. 90028-3689
(323) 634-8100

Members are responsible for filing their own Member Reports, or making certain that one is filed on their behalf, in New York, Chicago, or Los Angeles (address above), or the nearest local AFTRA office. Failure to file for each engagement will subject you to a fine for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement:	Studio:	Studio Address:
Employer:	Employer's Address:	Telephone Number:
Title of Program:		
Fee to be paid by:		
Type of Recording <input type="checkbox"/> Category I <input type="checkbox"/> Category II		
<small>(Corporate, instructional, educational, sales promotion, amusement, entertainment, IVR, store/phonecasting, other)</small>		

ADDITIONAL INFORMATION:			
<input type="checkbox"/> Doubling	Wardrobe Fitting	Travel Time to:	Travel Time from:
<input checked="" type="checkbox"/> Multiple Tracking	Date:	Date:	Date:
<input type="checkbox"/> Sweetening	From:	Time Left:	Time Left:
<input type="checkbox"/> Explain:	To:	Time Arrived:	Time Arrived:

SOCIAL SECURITY NUMBER	PERFORMER	ARTIST TO INITIAL	CAMERA		HOURS EMPLOYED			NO. OF PRODUCTIONS	TYPE OF PERFORMANCE	WARDROBE FURNISHED BY ARTIST?		WILL AGENT'S COMMISSION BE PAID?	
			ON	OFF	FROM	MEAL	TO			YES	NO	YES	NO
			Specify all breaks including meal periods										

The information 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.

EMPLOYER: _____
Signature of Employer or Employer Representative: _____

*** KEY TO TYPE OF PERFORMANCE**

SAG-AFTRA Performer: _____
Performer's Phone Number: _____ Date: _____

P	Principal	SB	Silent Bit
N	Narrator	S	Solo-Duo
NP	Non-Principal	G	Group Singer (3 or more)
BA	Background Actor	C	Contractor