AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS
Los Angeles Local
6922 Hollywood Blvd., P.O. Box 4070, Hollywood, CA 90078 / (213) 461-8111

MEMBER REPORT

N-BROADCAST/INDUSTRIAL RECORDED MATERIAL

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

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.

of Engagement: Recording Studio: Address:

rtising Agency: Address: Tel. No.:

oyer (if other than agency): Address: Tel. No.:

sor, Product or Service:

o be paid by:

E OF RECORDING:
- ☐ VIDEO TAPE INDUSTRIAL PROGRAM — **ON** CAMERA
- ☐ VIDEO TAPE INDUSTRIAL PROGRAM — **OFF** CAMERA
  - ☐ CATEGORY I ☐ CATEGORY II
- ☐ AUDIO TAPE ONLY (NON-VIDEO TAPE)
- ☐ FILM STRIP
- ☐ SLIDE FILM
- ☐ 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) _____

-PRINCIPAL PERFORMERS (Audio Tape Portion of Code only):
#of lines _____ #of Doubles _____

tional Information (doubling, etc.) _____
ke ☐ Remake ☐

IAL SECURITY NO.	PERFORMER	ARTIST TO INITIAL	CAMERA		HOURS EMPLOYED (SPECIFY ALL BREAKS INCLUDING MEAL PERIODS)			NO. OF PRO-DUCTIONS	* 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.

Y TO TYPE OF PERFORMANCE

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

EMPLOYER: _____

Signature of Employer or Employer Representative: _____

AFTRA Performer: _____

AFTRA Performer's Phone Number _____ Date: _____

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

MOISTEN HERE AND SEAL ON GUM EAV