AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS
Los Angeles Local

6922 HOLLYWOOD BOULEVARD, 8TH FLOOR • HOLLYWOOD, CA 90028 • (213) 461-8111

MEMBER REPORT
TV Recorded Commercials

(Two copies of this form must be filled out and filed with AFTRA within 48 hrs. of engagement)

This form is to be filed for ALL TV recorded commercials, including pre-recorded live commercials and TV program promos for network or local television.

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 TV recorded commercial engagement may subject you to a fine of $20 for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement:_____ Recording Studio_____ Address:_____

Adv. Agency:_____ Address:_____ Tel. No.:_____

Producer (if other than Agency):_____ Address:_____ Tel. No.:_____

Sponsor & Product:_____

Date of first release:_____ Fee to be paid by:_____

Type of Recording: Regular ☐ Program Promo ☐ Seasonal ☐ Simultape ☐ Non-Air/Demo ☐ Signature Theme ☐
Program Open & Close ☐ Still Photo ☐ Ad Lib or Improvisation ☐

ADDITIONAL INFORMATION: Doubling ☐ Multiple Tracking ☐ Sweetening ☐ Explain:

Tags No._____ Wardrobe Fitting: Date_____ From _____ To_____

Travel Time To: Date_____ Time Left_____ Time Arrived_____

Travel Time From: Date_____ Time Left_____ Time Arrived_____

USE CATEGORY

PROGRAM USE: Class A ☐ B (Inc. NYC) ☐ B (Excl. NYC) ☐ C ☐
WILD SPOT: NYC ☐ Chi ☐ LA ☐ No. of Units_____
PRE-RECORDED LIVE (one use only) ☐
THEATRICAL or INDUSTRIAL EXHIBITION ☐
FOREIGN ☐
DEALER USE — TYPE A without NYC ☐ with NYC ☐
DEALER USE — TYPE B without NYC ☐ with NYC ☐
CABLE NETWORK OR SERVICE USE: No. of Cable Units_____
Produced for LOCAL CABLE SYSTEMS ONLY: No. of Cable Units_____

AFTRA CODE OR CONTRACT WORKED UNDER:

NETWORK TELEVISION CODE .....( )
TV RECORDED COMMERCIALS CONTRACT .....( )
LOCAL L.A. TELEVISION CODE .....( )

COMMERCIAL ID NUMBER OR TITLE	LENGTH OF COMMERCIAL	NUMBER OF PERFORMERS ON COMMERCIAL

The only reason for requesting information on ethnicity, sex, age, and disability is for the talent unions to monitor applicant flow. The furnishing of such information is on a VOLUNTARY basis. The Producer's signature on this form shall not constitute a verification of the information supplied by performers.

CHECK APPROPRIATE COLUMNS

Soc. Sec. No.	Performer (please print)	Artist to Initial	Camera		Hours Employed (Specify All Breaks Inc. Meal Periods)			No. of Commercials	*Type of Performance	Wardrobe Furnished By Artist		Fee	10% Overscale on Session & Residuals		Sex (1)		Age (2)		Ethnicity (3)					Check If Disabled
			On	Off	From	Meal Break	To			Yes	No		Yes	No	M	F	+40	-40	AP	B	C	LH	I	

Group Singers: Multi-tracking or sweetening? ☐ Yes ☐ No
Solo/Duo:Multi-tracking? ☐ Yes ☐ No Sweetening? ☐ Yes No. of tracks:_____ ☐ No

Producer_____ By_____

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 Television Recorded Commercials Contract, the AFTRA Radio Recorded Commercials Contract, the Code of Fair Practice for Commercial Radio Broadcasting and the Code of Fair Practice for Network & Local Television Broadcasting.

(1) SEX — Male - M, Female - F
(2) AGE — 40 & Over = +
Under 40 = –
(3) ETH. — Asian / Pacific — AP
Black — B
Caucasian — C
Latino/Hispanic — LH
Native American — I

*KEY TO TYPE OF PERFORMANCE

P	Principal	S	Solo, Duo	SE	Sound Effects
C	Contractor	G3	Group 3-5	Pil	Pilot
ST	Stunt Performer	G6	Group 6 to 8	GE	General Extra
Pup	Puppeteer	G9	Group 9 or more	HM	Hand Model

ORIGINAL COPIES 1 & 2 (WHITE) — AFTRA
(COPY 2 flip over and fold with original)
COPY 3 (PINK) — TO EMPLOYER
COPY 4 (YELLOW) — MEMBER RETAINS

Employer:_____ AFTRA Performer:_____

Signature of Employer or
Employer's Representative: By_____ AFTRA Performer's Phone Number:_____

Date:_____