



AMERICAN FEDERATION OF MUSICIANS REPORT FORM FOR COMMERCIAL (SYNDICATED), PUBLIC AND LOCAL RADIO AND NON-COMMERCIAL I.D. RP No. _____

DATE: _____
 NAME OF PROGRAM: _____
 TITLE OR SHOW NO.: _____
 GUEST STARS: _____

 PRODUCER: _____
 PRODUCER'S ADDRESS: _____

 NETWORK: _____ STATION: _____
 TAPE DATE: _____ AIR DATE: _____
 RE-USE DATE: _____ PROGRAM LENGTH: _____

ORIGINAL SESSION AFM Local No.: _____
 Recording Date: _____ No. of Musicians: _____
 Recording Studio: _____
 City: _____ State: _____
 Hours of Employment: _____

RE-USE, NEW USE OR OTHER
 Original Report Form No.: _____
 Original Recording Date: _____

Check 1 and only 1 from each of these three columns.

Additional Information	Check here if
<input type="checkbox"/> Theme	<input type="checkbox"/> Symphony
<input type="checkbox"/> Program	<input type="checkbox"/> Ballet
<input type="checkbox"/> Late Payment Inc.	<input type="checkbox"/> Opera
	<input type="checkbox"/> Chamber

Payment Type	Medium	Rates
<input type="checkbox"/> Original Production (Studio or otherwise)	<input type="checkbox"/> Public Radio	<input type="checkbox"/> Domestic (Nat'l)
<input type="checkbox"/> Re-Use	<input type="checkbox"/> Commercial (Syndicated/Network)	<input type="checkbox"/> Foreign
<input type="checkbox"/> New Use	<input type="checkbox"/> Radio Non-Commercial I.D.	<input type="checkbox"/> Local
<input type="checkbox"/> Live Pick-Up (Concerts, Festivals, etc.)	<input type="checkbox"/> Other	
<input type="checkbox"/> Excerpt Use		
<input type="checkbox"/> Segmented Broadcast		

MEMO

SIGNATORY OF RECORD

FOR SESSION PAYMENTS: _____ Address: _____

Pension Contributions To Be Paid By (if different): _____

FOR ALL OTHER PAYMENTS: _____ Address: _____

Pension Contributions To Be Paid By (if different): _____

The terms and conditions of the engagement covered by this Report Form include the terms and conditions of the applicable AFM Agreement in effect at the time of such engagement.

Signatory of Record's Signature: _____ Leader's Signature: _____

Print Name of Signer: _____ Phone: _____ Leader's Phone: _____

REHEARSALS/PRE-RECORD/TAPE USE				
Date	Start	Dism'd	Hours	Span

PAY SCHEDULE

Air & Min. Reh. \$ _____ Meal Pen.: _____
 Add. Reh./Pre-Rec. : _____ Wrdrbe./Make-up: _____
 Use of Track: _____ Mult. Spon.: _____
 Span: _____ Total Base: _____

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card)			HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	NO. of DBLS.	WAGES (1) ----- CARTAGE	PENSION	H&W WHERE APPLICABLE
	LAST	FIRST	INITIAL (Instrument(s)) (LDR)						
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(1) Insert overscale wages being paid.
Include all music prep. information on this form or a continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY:

TOTAL PENSION CONTRIBUTIONS:	
TOTAL H&W CONTRIBUTIONS:	