

AMERICAN FEDERATION OF MUSICIANS RADIO TO NON-COMMERCIAL RECORDING REPORT FORM FOR SYMPHONIC USE ONLY

Date:

RPNO.

AFM Local:		ORIGINAL SESSION		
Release Date: No. of Musicians: City: State: Employer: Employer's Address:		Report Form No.:		
B C		MEMO		
E		TOTAL NO. UNITS PRESSED (DO NOT LEAVE BLANK)		

The Employer understands and agrees that the terms and conditions of the recording covered by this Report Form are based upon the terms and conditions of the curren AFM Radio to Non-Commercial Recording Agreement.

Employer Signature	Leader's Sig	nature	
Pension Contributions To Be Paid By (if different):			Address:

LOCAL UNION NO. CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INIT. (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	WAGES	PENSION
	(LDR)				
	(CONTR)				
(1) Insert overscale wages being paid.			TOTAL PENSION CONTRIBUTIONS:		

Include all music prep. information on this form or a continuation sheet, with copies of invoices attached. FOR FUND USE ONLY: