

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS
 260 MADISON AVENUE, NEW YORK, NY 10016 (212) 532-0800

MEMBER REPORT

Radio Recorded Commercials

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

A member is responsible for filing his or her own **Member Report** unless another AFTRA member (AFTRA Reporter) has accepted responsibility for filing. Failure to file for each **Radio Recorded Commercial** engagement may subject you to a fine for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement:	
Recording Studio:	Address:
Agency:	Address:
Producer:	Address:
Sponsor & Product:	Type: <input type="checkbox"/> Program <input type="checkbox"/> Spot <input type="checkbox"/> Audition <input type="checkbox"/> Library

FILL IN, IF INFORMATION AVAILABLE	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 information supplied by performers.
Cycle: <input type="checkbox"/> 13 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 1 wk <input type="checkbox"/> Other:	
Use Category: <input type="checkbox"/> Wild Spot <input type="checkbox"/> Program <input type="checkbox"/> Network <input type="checkbox"/> Foreign <input type="checkbox"/> Cable <input type="checkbox"/> Internet <input type="checkbox"/> New Media <input type="checkbox"/> Other:	
Fee to be Paid by:	
Date of First Release:	

A.

Additional Information (doubling, etc.): **Check Appropriate Columns**

Name and Social Security Number of Artist <i>(Please Print)</i>	Artist to Initial	Type of Perf. *	Number of Spots or Programs	Length of Spots or Programs	Hours Employed		Will an Agents Commission be paid on session?		SEX (1)		AGE (2)		ETHNICITY (3)				Check if Disabled	
					From	To	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 # of Tracks ____ No
 * Type of Performance KEY:

A = Actor or Actress	S6 = Singer, Group 6-8	DC = Dramatized Commercial
ANN = Announcer	S9 = Singer, Group 9 or more	N = Narrator
S1 = Singer, Solo/Duo	MC = Master of Ceremonies	Sig = Signature Voice
S3 = Singer, Group 3-5	SE = Sound Effects Performer	C = Contractor

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

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

Employer: _____

The undersigned certifies the foregoing information is true.

Signature of Employer or Employer's Representative: By _____

I accept responsibility for filing this report with AFTRA: _____

Signature of AFTRA (member) Reporter

Date: _____