MEMBER REPORT - INTERACTIVE MEDIA

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

| 350 Sansome St., # 900 | 260 Madison Ave., 7 Fl. | One E. Erie St. #650 | 5757 Wilshire Blvd., 9 Fl. |
|--------------------------|-------------------------|----------------------|----------------------------|
| San Francisco, CA. 94104 | New York, NY. 10016 | Chicago, IL. 60611 | Los Angeles, CA. 90036 |
| (415) 391-7510 | (212) 532-0800 | (312) 573-8081 | (323) 634-8100 |

One copy of this form must be filled out and filed with AFTRA within 48 hrs. of engagement. Each member is responsible for filing their own Member Report, or making certain that one is filed on their behalf, in New York, Chicago, San Francisco, Los Angeles (addresses above) or the nearest local AFTRA office. Failure to file for each engagement - will subject you to a fine for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

| Date of Engagement: | Recording | Location: | Address: | | | | |
|---|------------|--------------------|---------------------|-----------|------------|-----------------------|----------------------|
| Employer/Signator Name | | Address | City | State | Zip | Phone | |
| Type of Employment: | Day Player | 3-Day | Weekly VO | 0 🗌 Ot | her(specif | y) | |
| Title of Interactive Program Compensation: Scal Other | | Integration Paymen | t 🗌 Remote Delivery | (specify) | | | |
| Fee To Be Paid By: | | | | | _ | | |
| Wardrobe Fitting: | Date | From | To | | | | |
| Travel Time To: | Date | Time Left | Time Arrived | | | _ | |
| Travel Time From:Date | Time | Left | Time Arrived | | _ | | |
| Additional Information: S | INGER(S) | Doubling | Multiple Tracking | Swe | etening | Explain: | |
| | | Camera | Hours Employed | # | | Wardrobe Furnished | Will Ager Commiss |

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| | | Artist | <u>Camera</u> | | Hours Employed | | # of P | Type | Furnished by Artist | | Commission be paid? | | |
|---------------------|-----------|-----------------|---------------|-----|--|------|----------|--|------------------------|----|------------------------|----|--|
| Social Security No. | Performer | To (initial) | <u>On</u> | Off | (Specify all Breaks Incl. Meal Periods) | | nduction | e Type Type of <u>Performance</u> | | No | Yes | No | |
| | | | | | From | Meal | To | 50 | | | | | |
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The information contained in this Memorandum is obtained from the contract(s), verbal or written, which the undersigned employer has entered into with the members of AFTRA whose names are listed hereon.

| KEY" To Type of Performance | | | | | | EMPLOYER: |
|-----------------------------------|-----------------|----|---------------------|----|----------------------|--------------------------|
| Р | Principal | D3 | Group Dancer 3-8 | G9 | Group Singers 9-more | Signature of Employer or |
| \mathbf{v} | Voice-Over | D9 | Group Dancer 9-more | SE | Sound Effects | Employer |
| | | | | | | Representative: |
| s | Stunt | SS | Solo/Duo Singer | С | Contractor | AFTRA Performer: |
| SD | Solo/Duo Dancer | G3 | Group Singers 3-8 | BA | Background Actor | AFTRA Performer's Phone# |
| *Specify type of Background Actor | | | | | | Date: |

Please send the signed form to the nearest AFTRA Office and a copy may be retained by both the Employer and the Performer.