

The Artist Cannot Waive Any Portion of the Union Contract Without Prior Consent of AFTRA

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

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MEMBER REPORT

NON-BROADCAST RECORDED MATERIAL

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

Members are responsible for filing their own Member

Reports, or making certain that one is filed on their behalf, in New York, Chicago, or Los Angeles (address 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.

Form with fields: Date of Engagement, Studio Address, Employer Address, Telephone Number, Title of Program, Fee to be paid by, Type of Recording (Instructional, educational, industrial, sales promotion, amusement, entertainment, IVR, store/phonecasting, other)

ADDITIONAL INFORMATION: Table with checkboxes for Doubling, Multiple Tracking, Sweetening, Explain; and fields for Wardrobe Fitting, Travel Time, Date, From, To, Time Arrived

The only reason for requesting information on ethnicity, sex, age, and disability is for the talent unions to monitor employment. The Producer's signature on this form shall not constitute a verification of information supplied by performers. CHECK APPROPRIATE COLUMNS

Large data table with columns: SOCIAL SECURITY NUMBER, PERFORMER, ARTIST TO INITIAL, CAMERA (ON/OFF), Specify all breaks including meal periods (FROM/MEAL/TO), NO. OF PRO-DUCTIONS, TYPE OF PERFORMANCE, WARDROBE FURNISHED BY ARTIST?, WILL AGENT'S COMMISSION BE PAID?, (1) SEX, (2) AGE, (3) ETHNICITY, (4) PWD

* KEY TO TYPE OF PERFORMANCE

Table mapping performance codes: P (Principal), N (Narrator), NP (Non-Principal), BA (Background Actor), SB (Silent Bit), S (Solo-Duo), G (Group Singer (3 or more)), C (Contractor)

(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
(4) PWD --- Performer with Disability (Check if Disabled)

The information 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.

EMPLOYER: Signature of Employer or Employer Representative:
AFTRA Performer: Performer's Phone Number: Date: