

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/Signatory	Name	Address	City	State	Zip	Phone
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Type of Employment: Day Player 3-Day Weekly VO Other _____
 Background Atmospheric (specify)

Title of Interactive Program: _____

Compensation: Scale \$ _____ Integration Payment Remote Delivery _____
 Other _____ (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: SINGER(S) Doubling Multiple Tracking Sweetening Explain: _____

Social Security No.	Performer	Artist To (initial)	Camera		Hours Employed			# of Productions	Type of Performance	Wardrobe Furnished by Artist		Will Agent's Compensation be paid?	
			On	Off	From	Meal	To			Yes	No	Yes	No
					(Specify all Breaks Incl. Meal Periods)								
					From	Meal	To						

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
 P Principal D3 Group Dancer 3-8 G9 Group Singers 9-more
 V Voice-Over D9 Group Dancer 9-more SE Sound Effects
 S Stunt SS Solo/Duo Singer C Contractor
 SD Solo/Duo Dancer G3 Group Singers 3-8 BA* Background Actor
 *Specify type of Background Actor

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

Original (WHITE) – TO AFTRA; Copy 1 (YELLOW) – TO EMPLOYER; Copy 2 (PINK) – MEMBER RETAINS

