

EXHIBIT E

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

260 MADISON AVENUE, NEW YORK, NY 10016 (212) 532-0800

MEMBER REPORT

Television 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 **Television 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"/> 8 wks <input type="checkbox"/> 13 wks <input type="checkbox"/> 26 wks <input type="checkbox"/> 39 wks <input type="checkbox"/> 52 wks <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:	
Additional Information (doubling, etc.):	
✕ CHECK APPROPRIATE COLUMNS BELOW	

Social Security Number	Name of Artist <i>(Please Print)</i>	Artist to Initial	Type of Perf.	Camera		No. of Spots	Hours Employed Including Meal Periods			Ward-robe	(1) SEX		(2) AGE				(3) ETHNICITY				(4) PWD	
				On	Off		From	Meals	To		M	F	40+	-40	AP	B	C	LH	I			

Group Singers: Multi-tracking or Sweetening: <input type="checkbox"/> Yes <input type="checkbox"/> No										(1) SEX		M	Male	F	Female
Solo/Duo: Multi-tracking: <input type="checkbox"/> Yes <input type="checkbox"/> No Sweetening: <input type="checkbox"/> Yes # of Tracks <input type="checkbox"/> No										(2) AGE		40+	40 and Over		
KEY to Type of Performance:										(2) AGE		-40	Under 40		
P	Principal Performer	DS	Dancer Soloist/Duo	S9	Group Singers 9 or more	(3) ETH.		AP	Asian/Pacific						
SC	Singers Contractor	SS	Singer Soloist/Duo	D9	Group Dancers 9 or more	(3) ETH.		B	Black/African-American						
DC	Dancers Contractor	S3	Group Singers 3-5	GS	Group Speakers	(3) ETH.		C	Caucasian						
ST	Stunt Performer	D3	Group Dancers 3-5	EP	Extra Performer	(3) ETH.		LH	Latino/Hispanic						
ANN	Announcer	S6	Group Singers 6-8	HM	Hand Model	(3) ETH.		I	Native American						
PIL	Pilot	D6	Group Dancers 6-8	SE	Sound Effects	(4) PWD		Person With Disability							

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 Television Recorded Commercials Contract, Code of Fair Practice for Commercial Television Broadcasting and Code of Fair Practice for Network Television Broadcasting. The undersigned certifies that all this information is true.

Employer: _____

Signature of Employer or Employer's Representative: _____

I accept responsibility for filing this report with AFTRA: _____

SIGNATURE OF AFTRA (MEMBER) REPORTER

Date: _____