



AMERICAN FEDERATION OF MUSICIANS REPORT FORM
PHONOGRAPH RECORDS, SOUNDTRACK RELEASES, VIDEO PROMOS

AFM LOCAL NO.: _____

RP No. _____

Date: _____ DAY: _____	ORIGINAL SESSION NO. OF MUSICIANS: _____																		
RECORD CO: _____	RECORDING DATE: _____ DAY: _____																		
LABEL: _____	RECORDING STUDIO: _____																		
RECORD CO./LABEL REP: _____	City: _____ State: _____																		
RECORD CO. ADDRESS: _____	HOURS OF EMPLOYMENT: _____																		
_____	MUSIC PROD. CO. NAME _____																		
RECORD CO. REP. PHONE: _____	DUBBING, NEW USE, LIMITED PRESSING UPGRADE OR OTHER																		
Name of Artist / Group: _____	ORIGINAL REPORT FORM NO.: _____																		
One Artist or Group per Contract	ORIGINAL RECORDING DATE: _____																		
NAME OF SESSION PRODUCER: _____	Check 1 and only 1 from each of these categories:																		
INDUSTRY PROJECT NO.: _____	<table><tr><td>Production Type</td><td>Payment Type</td></tr><tr><td><input type="radio"/> Original Session</td><td><input type="radio"/> Non-Symphonic (regular)</td></tr><tr><td><input type="radio"/> Location Recording</td><td><input type="radio"/> Non-Symphonic (special)</td></tr><tr><td><input type="radio"/> Sound Sample</td><td><input type="radio"/> Symphonic (3 hrs.)</td></tr><tr><td><input type="radio"/> Limited Pressing Upgrade</td><td><input type="radio"/> Symphonic (4 hrs.)</td></tr><tr><td><input type="radio"/> Demo Record Conversion</td><td><input type="radio"/> Opera</td></tr><tr><td><input type="radio"/> Video Promo</td><td><input type="radio"/> Ballet</td></tr><tr><td></td><td><input type="radio"/> Chamber</td></tr><tr><td></td><td><input type="radio"/> Low Budget Recording</td></tr></table>	Production Type	Payment Type	<input type="radio"/> Original Session	<input type="radio"/> Non-Symphonic (regular)	<input type="radio"/> Location Recording	<input type="radio"/> Non-Symphonic (special)	<input type="radio"/> Sound Sample	<input type="radio"/> Symphonic (3 hrs.)	<input type="radio"/> Limited Pressing Upgrade	<input type="radio"/> Symphonic (4 hrs.)	<input type="radio"/> Demo Record Conversion	<input type="radio"/> Opera	<input type="radio"/> Video Promo	<input type="radio"/> Ballet		<input type="radio"/> Chamber		<input type="radio"/> Low Budget Recording
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SESS	MINS.	TITLE of TUNES / PIECES																	
A. _____	_____	_____																	
B. _____	_____	_____																	
C. _____	_____	_____																	
D. _____	_____	_____																	
E. _____	_____	_____																	
MEMO	ADDITIONAL INFO																		
	NEW USE SOURCE (e.g. Original M.P. Title): _____																		
	Picture/Show _____																		
	Title of New Use Release _____																		

SIGNATORY OF RECORD: _____

Pension Contributions To Be Paid By (if different): _____

The terms and conditions of the engagement covered by this Report Form include the terms and conditions of the applicable AFM Agreement in effect at the time of such engagement.

Signatory of Record's Signature: _____ Leader's Signature: _____

Print Name of Signer: _____ Phone: _____ Leader's Phone: _____

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INIT. (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	NO. of DBLS	WAGES (1) ----- CARTAGE ----- H & W	TOTAL MUSICIANS PAYMENT	PENSION
-----	(LDR)						

(1) Insert overscale wages being paid. Include all music prep. info on this form or continuation sheet, with copies of invoices attached.						Total Pension Contribution payable to (AFM-EPFUND)	

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Continuation Sheet

Program Name: _____ Report Form No. _____

Recording Date: _____ Page 2 of 2

Leader's Name: _____

[illegible]

(1) Insert overscale wages being paid. Include all music prep. info on this form or continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY: