



AMERICAN FEDERATION OF MUSICIANS REPORT FORM

PHONOGRAPH RECORDS, SOUNDTRACK RELEASES, VIDEO PROMOS

RPNo.

AFM LOCAL NO.: _____

DATE: _____
 RECORD CO: _____
 LABEL: _____
 RECORD CO./LABEL REP: _____
 RECORD CO. ADDRESS: _____
 RECORD CO. REP. PHONE: _____

NAME OF ARTIST / GROUP: _____
One Artist or Group per Contract
NAME OF SESSION PRODUCER: _____
INDUSTRY PROJECT NO.: _____

	NO. of MINUTES	TITLE of TUNES/PIECES
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____

MEMO

ORIGINAL SESSION NO. OF MUSICIANS: _____
 RECORDING DATE: _____ DAY: _____
 RECORDING STUDIO: _____
 CITY: _____ STATE: _____
 HOURS OF EMPLOYMENT: _____
 MUSIC PROD. CO. NAME: _____

DUBBING, NEW USE, LIMITED PRESSING UPGRADE OR OTHER
 ORIGINAL REPORT FORM NO: _____
 ORIGINAL RECORDING DATE: _____

Check 1 and only 1 from each of these categories:

<u>Production Type</u>	<u>Payment Type</u>
<input type="checkbox"/> Original Session	<input type="checkbox"/> Non-Symphonic (regular)
<input type="checkbox"/> Location Recording	<input type="checkbox"/> Non-Symphonic (special)
<input type="checkbox"/> Sound Sample	<input type="checkbox"/> Symphonic (3 hrs.)
<input type="checkbox"/> Limited Pressing Upgrade	<input type="checkbox"/> Symphonic (4 hrs.)
<input type="checkbox"/> Demo Record Conversion	<input type="checkbox"/> Opera
<input type="checkbox"/> Video Promo	<input type="checkbox"/> Ballet
<input type="checkbox"/> New Use:	<input type="checkbox"/> Chamber (Chamber sessions must be approved by AFM 4 weeks prior to session.)
<input type="checkbox"/> M.P. Soundtrack	
<input type="checkbox"/> Sampling	
<input type="checkbox"/> Other	<input type="checkbox"/> Low Budget Recording (AFM must receive budget 72 hours prior to production.)

ADDITIONAL INFO

NEW USE SOURCE (e.g. Original M.P. Title): _____

Picture/Show _____

Title of New Use Release _____

SIGNATORY OF RECORD: _____ Address: _____
 Pension Contributions To Be Paid By (if different): _____ Address: _____
 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 INITIAL (Instrument(s)) (LDR)	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER ----- Marital Status & Exemptions	NO. of DBLS.	TOTAL SCALE WAGES ----- CARTAGE	PENSION	H&W WHERE APPLICABLE
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-----	(ORC)				-----		
-----	(COPY)				-----		

TOTAL PENSION CONTRIBUTIONS: _____

TOTAL H&W CONTRIBUTIONS: _____

Include all music prep. information on this form or a continuation sheet, with copies of invoices attached.
FOR FUND USE ONLY: