AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Los Angeles
5757 Wilshire Boulevard, 9th Floor, Los Angeles, CA 90036

MEMBER REPORT

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

RADIO Recorded Commercials & Programs

Each member is responsible for filing their own Member Report or making certain that one is filed on their behalf. Failure to file for each recorded radio engagement may subject you to a fine of $20 for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement:_____ Recording Studio:_____ Address:_____

Adv. Agency:_____ Address: _____ Tel No.: _____

Producer (if other than Agency):_____ Address: _____ Tel No.: _____

Sponsor & Product:_____ Type: _____
Program, spot, demo, ad-lib/creative session

FILL IN INFORMATION AVAILABLE

Cycle: : _____
26 WEEKS, 13 WEEKS, 8 WEEKS, 4 WEEKS, 1 WEEK, OTHER

Use Category: _____
Spots: %-Aid spot, dealer, network, regional network
Programs: Syndicated or Network

Fee To Be Paid By: TEAM Services Date of First Release:

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 the information supplied by the performers.

Additional information (doubling, etc.):

CHECK APPROPRIATE COLUMNS

Sec. Sm. No.	Name of Artist (Please Print)	Artist To Initial	Type Of Perf	No. of Spots or Programs	Length of Spots or Programs	Hours Employee		Fee	10% Overscale On Session & Residuals		Sex (1)		Age (2)		Ethnicity (3)					Check If Dis-aled
						From:	To:		Yes	No	M	F	40	-40	A P	B	c	L H	I	

Group Singers: Multi-tracking or sweetening? ☐ Yes ☐ No
Solo/Duo: Multi-tracking? ☐ Yes ☐ No Sweetening? ☐ Yes No. Of tracks:_____ ☐ No

Producer _____By

(*) Type of Performance – KEY:

A – Actor or Actress	S3 – 3 to 5	S3 – Sound Effects
Ann – Announcer	S6 – 6 to 8	Sig. – Signature Voice
S1 – Singer (solo or duo)	S9 – 9 or more	C – Contractor

(1) SEX – Male, Female – F

(2) AGE – 40 & Over = +
Under 40 = -

(3) ETH. – Asian/Pacific - AP
Black - B
Caucasian - C
Latino/Hispanic - LH
Native American - I

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 Radio Recorded Commercials Contract, AFTRA Television Recorded Commercials Contract, AFTRA National, the Code of Fair Practice for Commercial Radio Broadcasting, and the AFTRA National Code of Fair Practice for Network & Local Television Broadcasting.

ORIGINAL COPY 1 (WHITE) – TO AFTRA

COPY 2 (PINK) – TO EMPLOYER

COPY 3 (YELLOW) – MEMBER RETAINS

Employer: _____

Signature of Employer or
Employer's Representative: By _____

I accept responsibility for filing this report with AFTRA _____
Signature of AFTRA Reporter (member)

Member's Tel. No. _____ Date _____