

AFTRA

SAN FRANCISCO AFTRA/SAG MEMBER REPORT

American Federation of Television & Radio Artists

Screen Actors Guild

SAG

350 Sansome Street • Suite 900 • San Francisco, CA 94104 • (415) 391-7510 • FAX (415) 391-1108

TELEVISION COMMERCIAL / PROGRAMS

(This form must be filled out and filed with the office within 48 hours of performance)

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This form is to be filed for **ALL TV COMMERCIALS AND PROGRAMS**.

A member is responsible for filing a Member Report — unless on a group session and another member has accepted responsibility for filing. Failure to fill for each TV Commercial/Program Engagement will subject you to a fine for each such offense. Performer must initial opposite name if Reporter is designated

EMPLOYMENT INFORMATION

Date of Engagement _____ Sponsor/Product _____

Signator _____ Address _____ Phone _____
(responsible for payment)

Advertising Agency _____ Address _____ Phone _____

Place of engagement _____ Address _____ Phone _____

Production Co. _____ Fee to be Paid by _____

PRODUCTION INFORMATION

CODE WORKED UNDER:

AFTRA Recorded Commercials Code Public TV

SAG TV Commercials Code Basic Cable

AFTRA Network Television Code Internet

Local SF Freelance TV Code Video News Release

USE CATEGORY:

Program Use: Class A B (inc. NY) B (excl. NY) C

Wild Spot: NY CH LA No of units

Dealer Use: Type A with NY without NY

Type B with NY Type B without NY

Cable use only: 4 weeks 13 wks 1 yr

Theatrical Industrial Foreign Test Market

TYPE OF PERFORMANCE: ANN — Announcer, A — Actor/Actress, S — Singer, Solo/Duo, ST — Stunt performer, PUP — Puppeteer, C — Contractor, M — Model, HM — Hand Model, E — Extra, SE — Sound Effects, G3 — Group 3-5, G6 — Group 6-8, G9 — Group 9 or more.

Length of Program/Commercial _____ Number of Performers _____ ID #/Title _____

ADDITIONAL INFORMATION: Tags # _____ Doubling # _____ Wardrobe Fitting: Date _____ From _____ To _____

Travel Time To: Date _____ Time Left _____ Time Arrived _____ From: Date _____ Time Left _____ Time Arrived _____ Total Mileage _____

Group Singers: Multi-tracking or sweetening? Yes No Solo/Duo: Multi-tracking? Yes No Sweetening Yes No # of tracks _____

Producer _____ By _____

COMPENSATION INFORMATION

SOCIAL SECURITY NO	PERFORMER	ARTIST TO INITIAL	CAMERA		DATE	HOURS EMPLOYED (SPECIFY ALL BREAKS INCLUDING MEAL PERIODS)			NO OF COM MERCIALS	TYPE OF PER- FORMANCE	WARDROBE FURNISHED BY ARTIST		FEE	10% OVERSCALE TO AGENT		
			ON	OFF		BEFORE BREAK FROM:TO	BREAK FROM:TO	AFTER BREAK FROM:TO			YES	NO		YES	NO	

AUTHORIZATION

Check appropriate box(es)

If you are signatory The undersigned is duly authorized and represents that the Company/Producer is signatory to the current AFTRA TV Commercials Contract, the AFTRA Network or SF Local TV Code and/or Screen Actors Guild TV Agreement, the Screen Actors Guild TV Commercials Contract (as amended, supplemented or recodified in subsequent years) and shall abide by all terms and conditions of said Agreement(s) for this and other Productions

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/SAG whose names are listed hereon

This engagement shall be governed by and be subject to the applicable terms of the AFTRA Code of Fair Practice for TV Recorded Commercials, Network TV, Local TV and SF Television Code and SAG Language

Employer _____

Signature of employer or Representative _____

AFTRA/SAG performer _____

Performer's Signature _____

Date _____ Performer's Phone # _____