

MEMBER REPORT - INTERACTIVE MEDIA

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

350 Sansome St., Ste. 900
San Francisco, CA 94104
(415) 391-7510

260 Madison Ave., 7th Fl.
New York, NY 10016
(212) 532-0800

One East Erie, Ste. 650
Chicago, IL 60611
(312) 573-8081

5757 Wilshire Blvd., 9th Fl.
Los Angeles, CA 90036
(323) 634-8100

One copy of this form must be filled out and filed with AFTRA within 48 hrs. of engagement. Each member is responsible for filing their own Member Report, or making certain that one is filed on their behalf, in New York, Chicago, San Francisco, Los Angeles (addresses above) or the nearest local AFTRA office. Failure to file for each engagement will subject you to a fine for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement: _____ Recording Location: _____ Address: _____

Employer/ Signator Name Address City State Zip Phone

Type of Employment: Day Player 3-Day Weekly VO Other _____
(specify)

Title of Interactive Program: _____

Compensation: Scale \$ _____ Integration Payment Remote Delivery Other _____
(specify)

Fee To Be Paid By: _____

Additional Information: SINGER(S) Doubling Multiple Tracking Sweetening Explain: _____

Wardrobe Fitting: Date _____ From _____ To _____
Travel Time to: Date _____ Time Left _____ Time Arrived _____
Travel Time From: Date _____ Time Left _____ Time Arrived _____

Social Security No.	Performer	Artist (To Initial)	Camera		Hours Employed (Specify all Breaks Incl Meal Periods)			No. of Productions	Type of Performance	Wardrobe Furnished by Artist		10% Overscale	
			On	Off	From	Meal	To			Yes	No	Yes	No

The information contained in this Memorandum is obtained from the contract(s), verbal or written, which the undersigned employer has entered into with the members of AFTRA whose names are listed hereon.

KEY To Type of Performance

P	Principal	D3	Group Dancer 3-8	G9	Group Singers 9-more
V	Voice-Over	D9	Group Dancer 9-More	SE	Sound Effects
S	Stunt	SS	Solo/Duo Singer	C	Contractor
SD	Solo/Duo Dancer	G3	Group Singers 3-8	E*	Extra

EMPLOYER: _____
Signature of Employer or
Employer Representative: _____
AFTRA Performer: _____
AFTRA Performer's
Phone Number: _____ Date: _____

Specify type of Extra
Original (WHITE) - TO AFTRA.....Copy 1 (YELLOW) - TO EMPLOYER.....Copy 2 (PINK) - MEMBER RETAINS