

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

INDUSTRIAL / EDUCATIONAL / NON-BROADCAST

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

A member is responsible for filling a Member Report — unless on a group session when another member has accepted responsibility for filling. Failure to file for each Non-Broadcast 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 (responsible for payment) _____ Address _____ Phone _____

Advertising Agency _____ Address _____ Phone _____

Recording Studio _____ Address _____ Phone _____

Fee to be Paid by _____

PRODUCTION INFORMATION

TYPE OF RECORDING:

Industrial/Educational program — ON Camera

Industrial/Educational — OFF Camera Category I

Category II Generic Single Client

Multiple Clients Audio Tape Only (Non-Video Tape)

Film Strip Slide Film Other

Retake Remake

Internet

SUPPLEMENTAL USE:

Basic Cable Non-Network TV Theatrical

Sale or Rental to Industry Customizing and/or Integration

Foreign TV-unlimited runs outside U.S. and Canada

Supplemental Use as a Package

Network TV and/or Pay Cable available only by negotiation with AFTRA/SAG

Sale or Rental to General Public available only by negotiation with AFTRA/SAG

Program for Government Service — Producer may acquire non-network TV, theatrical and foreign TV by payment of 40% of Player's total applicable salary within 90 days of the completion of principal photography.

Other (Specify) _____

ADDITIONAL INFORMATION:

Tags# _____ Doubling# _____

WARDROBE FITTING:
Date _____ From _____ To _____

TRAVEL TIME TO:
Date _____ Time left _____ Time arrived _____

TRAVEL TIME FROM:
Date _____ Time left _____ Time arrived _____

Total Mileage _____

GROUP SINGERS:
Multi Tracking or Sweetening? Yes _____ No _____

SOLO/DUO:
Multi-Tracking: Yes _____ No _____ # of Tracks _____
Sweetening: Yes _____ No _____ # of Tracks _____

NON-PRINCIPAL PERFORMERS: (Audio Tape Portion of Code Only)
of lines _____ # of Doubles _____

Additional Information (doubling, etc) _____

USE:

Industrial/Educational In-Flight Point of Purchase

Phonecasting Storecasting Talking Products

Other (Specify) _____

Place Where Admission is charged (Specify) _____

KEY TO TYPE OF PERFORMANCE:

OCN — Narrator/Spokesperson, P — Day Player, 3P — 3 Day Player, 5P — 5 Day Player, VON — Voice Over Narrator, NP — Non Principal, D Dancer, S — Singer, Solo-Duo, GS — Group Singers (3 or more), C — Contractor, SE — Sound Effects, E — Extra, SAE — Special Ability Extra — SB — Silent Bit

3 minutes or less Total Recording

COMPENSATION INFORMATION

SOCIAL SECURITY NO.	PERFORMER	ARTIST TO INITIAL	CAMERA		DATE	HOURS EMPLOYED (SPECIFY ALL BREAKS INCLUDING MEAL PERIODS)			NO. OF PRO-GRAMS	TYPE OF PER-FORM-ANCE	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 Non-Broadcast/Industrial/Educational Recorded Materials Contract and/or the Screen Actors Guild Industrial/Educational 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.

If Using Paymaster The undersigned is duly authorized to represent that the signatory paymaster or payroll company indicated below is signatory to the foregoing AFTRA/SAG agreement(s) and will be the employer of record for all talent for the production described above and will comply with the applicable AFTRA/SAG Agreement(s).

Paymaster _____

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 herein.

This engagement shall be governed by and be subject to the applicable terms of the AFTRA Non-Broadcast/Industrial/Educational Recorded Materials Contract and/or the SAG Industrial Educational Contract.

Employer _____

Signature of employer or Representative _____

AFTRA/SAG performer _____

Performer's Signature _____

Date _____ Performer's Phone # _____