

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

San Francisco Local

MEMBER REPORTS

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

RADIO COMMERCIALS / PROGRAMS

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

A Member is responsible for filing his own Member Report - unless another AFTRA member (AFTRA Reporter) has accepted responsibility for filing. Failure to file for each transcription 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 Studio:	Address:
Signator:	Address:	Tel. No.:
Adv. Agency/Producer:	Address:	Tel. No.:
Sponsor & Product:	Type: Program <input type="checkbox"/> Spot <input type="checkbox"/> Audition <input type="checkbox"/> Library <input type="checkbox"/>	
Fee to be Paid By _____	Use Category: Wild Spot <input type="checkbox"/> Dealer <input type="checkbox"/> Local Program <input type="checkbox"/> Network <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/>	
Cycle: 13 wk <input type="checkbox"/> 8 wk <input type="checkbox"/> 4 wk <input type="checkbox"/> 1 wk <input type="checkbox"/> Other <input type="checkbox"/>	Solo/Duo: Multi-tracking? Yes <input type="checkbox"/> No <input type="checkbox"/> Sweetening:? Yes <input type="checkbox"/> No <input type="checkbox"/> # of tracks _____	
Group Singers: Multi-Tracking or sweetening:? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Additional Information (doubling, etc.): _____		
Producer: _____		By: _____

SOCIAL SECURITY NO.	NAME OF ARTIST (Please Print)	ARTIST TO INITIAL	TYPE OF PERF*	NO. OF SPOTS OR PROGRAMS	LENGTH OF SPOTS OR PROGRAMS	HOURS EMPLOYED		FEE	10% OVERSCALE TO AGENT		SEND CHECK TO AGENT LISTED
						(SPECIFY ALL BREAKS INCLUDING MEAL PERIODS)			YES	NO	
						FROM	TO				

*** KEY TO PERFORMANCE**

- | | |
|--------------------------|-----------------------|
| Ann - Announcer | S9 - Singer 9 or more |
| A - Actor, Actress | SE - Sound Effects |
| S1 - Singer, Solo or duo | N - Narrator |
| S3 - Singer 3 to 5 | Sig - Signature Voice |
| S6 - Singer 6 to 8 | C - Contractor |

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 AFTRA Radio Recorded Commercials Contract, Radio Schedule of Minimum Fees for West Coast Regional and Local Programs in San Francisco, National Code of Fair Practice for Commercial Radio Broadcasting and Transcribed Radio Programs, and the AFTRA National Public Radio Agreement.

Where overscale payment is negotiated by agent, AFTRA authorized to send check to Agent Listed Above.



THIS SECTION MUST BE COMPLETED

Signator/Producer: _____
(Please Print)

Signature of Signator or Representative: _____

Signator Phone Number: _____

AFTRA Performer: _____

AFTRA Performer's Phone Number: _____ Date: _____

Signed: _____
(AFTRA Performer)