



AMERICAN FEDERATION OF MUSICIANS REPORT FORM
PHONOGRAPH RECORDS, SOUNDTRACK RELEASES, VIDEO PROMOS

AFM LOCAL NO.: _____

RPNo. _____

Date: _____ DAY: _____

RECORD CO: _____

LABEL: _____

RECORD CO./LABEL REP: _____

RECORD CO. ADDRESS: _____

RECORD CO. REP. PHONE: _____

Name of Artist / Group: _____

One Artist or Group per Contract

NAME OF SESSION PRODUCER: _____

INDUSTRY PROJECT NO.: _____

SESS	MINS.	TITLE of TUNES / PIECES
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____

MEMO

ORIGINAL SESSION NO. OF MUSICIANS: _____

RECORDING DATE: _____ DAY: _____

RECORDING STUDIO: _____

City: _____ State: _____

HOURS OF EMPLOYMENT: _____

MUSIC PROD. CO. NAME _____

DUBBING, NEW USE, LIMITED PRESSING UPGRADE OR OTHER

ORIGINAL REPORT FORM NO.: _____

ORIGINAL RECORDING DATE: _____

Check 1 and only 1 from each of these categories:

Production Type	Payment Type
<input type="radio"/> Original Session	<input type="radio"/> Non-Symphonic (regular)
<input type="radio"/> Location Recording	<input type="radio"/> Non-Symphonic (special)
<input type="radio"/> Sound Sample	<input type="radio"/> Symphonic (3 hrs.)
<input type="radio"/> Limited Pressing Upgrade	<input type="radio"/> Symphonic (4 hrs.)
<input type="radio"/> Demo Record Conversion	<input type="radio"/> Opera
<input type="radio"/> Video Promo	<input type="radio"/> Ballet
	<input type="radio"/> Chamber
	<input type="radio"/> Low Budget Recording

NEW USE

☐ M.P. Soundtrack

☐ Sampling

☐ Other

ADDITIONAL INFO

NEW USE SOURCE (e.g. Original M.P. Title): _____

Picture/Show _____

Title of New Use Release _____

SIGNATORY OF RECORD: _____

Pension Contributions To Be Paid By (if different): _____

The terms and conditions of the engagement covered by this Report Form include the terms and conditions of the applicable AFM Agreement in effect at the time of such engagement.

Signatory of Record's Signature: _____ Leader's Signature: _____

Print Name of Signer: _____ Phone: _____ Leader's Phone: _____

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INIT. (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	NO. of DBLS	WAGES (1) ----- CARTAGE ----- H & W	TOTAL MUSICIANS PAYMENT	PENSION
-----	(LDR)						

(1) Insert overscale wages being paid. Include all music prep. info on this form or continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY:

Total Pension Contribution payable to (AFM-EPFUND)

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Continuation Sheet

Program Name: _____ Report Form No. _____

Recording Date: _____ Page 2 of 2

Leader's Name: _____

[illegible]

(1) Insert overscale wages being paid. Include all music prep. info on this form or continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY: