

**PROFESSIONAL MUSICIANS LOCAL 47 AND EMPLOYERS' HEALTH AND WELFARE FUND**



**CONTINUATION SHEET  
LOCAL 47 WORK DUES REPORT**  
Including Employer Contributions for  
**AFM/EPF and HEALTH & WELFARE FUNDS**

Employer Code
---------------

**PRINT LEGIBLY**

PLACE OF ENGAGEMENT: \_\_\_\_\_ ROOM NAME: \_\_\_\_\_

ADDRESS OF ENGAGEMENT: \_\_\_\_\_ CITY: \_\_\_\_\_

TYPE OF ENGAGEMENT: \_\_\_\_\_ BUS. AGENT: \_\_\_\_\_

PRINT MEMBERS NAMES (Including Substitutes)			SOCIAL SECURITY	LOCAL NO.	TOTAL SCALE	TOTAL AFM/EPF	TOTAL H&W FUND
Last	First	Int.					
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							
33.							
34.							
35.							
36.							
37.							
38.							
39.							
40.							

ENGAGEMENT CLOSED  \_\_\_\_\_  
(Closing Date)

TOTALS  
WORK DUES  
( % of total scale)

X \_\_\_\_\_ PHONE NO. \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Leader of Contractor)

**FOR OFFICE USE ONLY**

RECEIPT NUMBER _____	DATE RECEIVED _____	BY _____
DATE POSTED _____	BY _____	