

**AMERICAN FEDERATION OF MUSICIANS REPORT FORM  
FOR SYMPHONY, OPERA & BALLET AUDIO-VISUAL AGREEMENT  
Continuation Sheet**

**RP No.**

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card)			HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	NO. of DBLS	WAGES	PENSION	H&W WHERE APPLICABLE
	LAST	FIRST	INIT. (Instrument(s)) (LDR)						
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						<b>TOTAL PENSION CONTRIBUTIONS</b>			
						<b>TOTAL H &amp; W CONTRIBUTIONS</b>			

Include all music prep. information on this form or a continuation sheet, with copies of invoices attached.  
**FOR FUND USE ONLY:**