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

AFM LOCAL NO.: _____ **RPNo.**

DATE: _____
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.: _____

	NO. of MINUTES	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
Original Session	Non-Symphonic (regular)
____ Location Recording	____ Non-Symphonic (special)
____ Sound Sample	____ Symphonic (3 hrs.)
____ Limited Pressing Upgrade	____ Symphonic (4 hrs.)
____ Demo Record Conversion	____ Opera
____ Video Promo	____ Ballet
____ New Use:	____ Chamber (Chamber sessions must be approved by AFM 4 weeks prior to session.)
M.P. Soundtrack	____
____ Sampling	
____ Other	____ Low Budget Recording (AFM must receive budget 72 hours prior to production.)

ADDITIONAL INFO
NEW USE SOURCE (e.g. Original M.P. Title):
_____
Picture/Show
_____
Title of New Use Release

SIGNATORY OF RECORD: _____ Address: _____
Pension Contributions To Be Paid By (if different): _____ Address: _____
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 INITIAL (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER / Marital Status & Exemptions	NO. of DBLS.	TOTAL SCALE WAGES / CARTAGE	PENSION	H&W WHERE APPLICABLE
---------	(LDR)				- - - - - - - - - - -		
---------					- - - - - - - - - - -		
---------					- - - - - - - - - - -		
---------					- - - - - - - - - - -		
---------					- - - - - - - - - - -		
---------					- - - - - - - - - - -		
---------					- - - - - - - - - - -		
---------	(ARR)				- - - - - - - - - - -		
---------	(ORC)				- - - - - - - - - - -		
---------	(COPY)				- - - - - - - - - - -		

TOTAL PENSION CONTRIBUTIONS:		
TOTAL H&W CONTRIBUTIONS:		

Include all music prep. information on this form or a continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY: