

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

PLEASE PRINT

PLACE OF ENGAGEMENT _____ ROOM NAME _____

ADDRESS OF ENGAGEMENT _____ CITY _____

TYPE OF ENGAGEMENT _____

PRINT MEMBERS NAMES (Including Substitutes)		INIT.	SOCIAL SECURITY NO.	LOCAL NO.	TOTAL SCALE	TOTAL AFM/EPF	TOTAL H & W FUND
LAST	FIRST						
SUB-TOTAL BROUGHT FORWARD			-	-			
26.			-	-			
27.			-	-			
28.			-	-			
29.			-	-			
30.			-	-			
31.			-	-			
32.			-	-			
33.			-	-			
34.			-	-			
35.			-	-			
36.			-	-			
37.			-	-			
38.			-	-			
39.			-	-			
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41.			-	-			
42.			-	-			
43.			-	-			
44.			-	-			
45.			-	-			
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47.			-	-			
48.			-	-			
49.			-	-			
50.			-	-			
51.			-	-			
52.			-	-			
53.			-	-			
54.			-	-			
55.			-	-			
56.			-	-			
57.			-	-			
58.			-	-			
59.			-	-			
60.			-	-			

ENGAGEMENT CLOSED _____

TOTALS
WORK DUES
(% of total scale)

X _____ PHONE NO. _____ DATE _____
(Signature of Leader or Contractor)

FOR OFFICE USE ONLY		
RECEIPT NUMBER _____	DATE RECEIVED _____	BY _____
DATE POSTED _____	BY _____	