AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS
LOS ANGELES
5757 Wilshire Boulevard, 9th Floor, Los Angeles, CA 90036

MEMBER REPORT
NON-BROADCAST/INDUSTRIAL RECORDED MATERIAL

(One copy of this form must be filled out and filed with AFTRA within 48 hrs. of engagement)

This form is to be filed for ALL TV recorded commercials, including pre-recorded live commercials and TV program promos for network or local television. Each member is responsible for filing their own Member Report or making certain that one is filed on their behalf. Failure to file for each TV recorded commercial engagement may subject you to a fine of $20 for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement _____ Recording Studio _____ Address _____

Adv. Agency _____ Address _____ Tel. No. _____

Producer (if other than Agency) _____ Address _____ Tel. No. _____

Sponsor & Product _____

Date of first release _____ Fee to be paid by Team Services

Type of Recording: Regular ☒ Program Promo ☐ Seasonal ☐ Simultape ☐ Non-Air/Demo ☐ Signature Theme ☐
Program Open & Close ☐ Radio Promo ☐ Still Photo ☐ Ad Lib or Improvisation ☐

ADDITIONAL INFORMATION: Doubling ☐ Multiple Tracking ☐ Sweetening ☐ Explain: _____
Tags No. _____ Wardrobe Fitting: Date _____ From _____ To _____

Travel Time To: Date _____ Time Left _____ Time Arrived _____

Travel Time From: Date _____ Time Left _____ Time Arrived _____

USE CATEGORY
PROGRAM USE: Class A☐ B (Inc.NYC)☐ B (Excl. NYC)☐ C ☐
WILD SPOT. NYC ☐ Chi ☐ LA ☐ No. of Units ____
PRE-RECORDED LIVE (one use only) ☐
THEATRICAL or INDUSTRIAL EXHIBITION ☐
FOREIGN ☐
DEALER USE – TYPE A without NYC ☐ with NYC ☐
DEALER USE– TYPE B without NYC ☐ with NYC ☐
CABLE NETWORK OR SERVICE USE: No. of Cable Units ____
Produced for LOCAL CABLE SYSTEMS ONLY: No. of Cable Units ____

AFTRA CODE OR CONTRACT WORKED UNDER:
NETWORK TELEVISION CODE ☐
TV RECOREDED COMMERCIALS CONTRACT ☐
LOCAL L.A. TELEVISION CODE ☐

COMMERCIAL ID NUMBER OR TITLE | LENGTH OF COMMERCIAL | NUMBER OF PERFORMERS ON COMMERCIAL

The only reason for requesting information on ethnicity, sex, age, and disability is for the talent unions to monitor applicant flow. The furnishing of such information is on a VOLUNTARY basis. The Producer's signature on this form shall not constitute a verification of the information supplied by performers.

CHECK APPROPRIATE COLUMNS

Sec. Sm. No.	Performer (please print)	Artist To Initial	Camera		Hours Employed (Specify All Breaks Inc. Meat Periods)			No. Of Commer-cials	Type of Perfor-mance	Wardrobe Furnished By Artist		Fee	10% Overscale On Session & Residuals		Sex (1)		Age (2)		Ethnicity (3)				Chec If Disab
			On	From	From	Meal Break	To			Yes	No		Yes	No	M	F	40	-40	AP	B	C	LH	I

Group Singers: Multi-tracking or sweetening? ☐ Yes ☐ No
Solo/Duo: Multi-tracking? ☐ Yes ☐ No Sweetening? ☐ Yes No. Of tracks: ____ ☐ No

Producer _____ By

The information contained in this Memorandum is obtained from the contract or contracts, verbal or written, which the undersigned employer has entered into with the members of AFTRA whose names are listed hereon.

This engagement shall be governed by and be subject to the applicable terms of the AFTRA Television Recorded Commercials Contract, AFTRA Radio Recorded Commercials Contract, AFTRA National, the Code of Fair Practice for Commercial Radio Broadcasting, and the AFTRA National Code of Fair Practice for Network & Local Television Broadcasting.

(1) SEX – Male, Female – F

(2) AGE – 40 & Over = +
Under 40 = -

(3) ETH. – Asian/Pacific - AP
Black - B
Caucasian - C
Latino/Hispanic - LH
Native American - I

ORIGNIAL COPY 1 (WHITE) – TO AFTRA
COPY 2 (PINK) – TO EMPLOYER
COPY 3 (YELLOW) – MEMBER RETAINS

* KEY TO TYPE OF PERFORMANCE:

P	Principal	S	Solo, Duo	SE	Sound Effects
C	Contractor	G3	Group 3 – 5	Pil	Pilot
ST	Stunt Performer	G6	Group 6-8	GE	General Extra
Pup	Puppeteer	G9	Group 9 or more	HM	Hand Model

Employer: _____ AFTRA Performer _____

Signature of Employer or
Employer's Representative: By _____ AFTRA Performer's Phone Number _____
Date _____