

**AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS
Los Angeles**

5757 Wilshire Boulevard, 9th Floor • Los Angeles, CA 90036-3689 • (213) 634-8100

**MEMBER REPORT
TV Recorded Commercials**

(Two copies 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 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: _____

Date of Engagement: _____ Address: _____ Tel. No.: _____

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

Sponsor & Product: _____

Date of first release: _____ Fee to be paid by: _____

Type of Recording: Regular Program Promo Seasonal Simultape Non -Air Demo Signature Theme
 Program Open & Close 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 _____

<p>USE CATEGORY</p> <p>PROGRAM USE: Class A <input type="checkbox"/> B (Inc. NYC) <input type="checkbox"/> B (Excl. NYC) <input type="checkbox"/> C <input type="checkbox"/> WILD SPOT: NYC <input type="checkbox"/> Chi <input type="checkbox"/> LA <input type="checkbox"/> No. of Units _____ PRE-RECORDED LIVE (one use only) <input type="checkbox"/> THEATRICAL or INDUSTRIAL EXHIBITION <input type="checkbox"/> FOREIGN <input type="checkbox"/> DEALER USE - TYPE A without NYC <input type="checkbox"/> with NYC <input type="checkbox"/> DEALER USE - TYPE B without NYC <input type="checkbox"/> with NYC <input type="checkbox"/> CABLE NETWORK OR SERVICE USE: No. of Cable Units _____ Produced for LOCAL CABLE SYSTEMS ONLY: No. of Cable Units _____</p>	<p>AFTRA CODE OR CONTRACT WORKED UNDER:</p> <p>NETWORK TELEVISION CODE.....() TV RECORDED COMMERCIALS CONTRACT.....() LOCAL L.A. TELEVISION CODE.....()</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">COMMERCIAL ID</td> <td style="width:33%;">LENGTH OF COMMERCIAL</td> <td style="width:33%;">NUMBER OF PERFORMERS ON COMMERCIAL</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	COMMERCIAL ID	LENGTH OF COMMERCIAL	NUMBER OF PERFORMERS ON COMMERCIAL										<p>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.</p>
COMMERCIAL ID	LENGTH OF COMMERCIAL	NUMBER OF PERFORMERS ON COMMERCIAL												
CHECK APPROPRIATE COLUMNS														

Soc. Sec No.	Performer (please print)	Artist to Initial	Camera					No. of Commercials	*Type of Performance	Wardrobe Furnished By artist		Fee	10% Overscale on Session & Residuals		Sex (1)		Age (2)		Ethnicity (3)					Check if Disabled
			On	Off	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 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, the AFTRA Radio Recorded Commercials Contract, the AFTRA National Code of Fair Practice for Commercial Radio Broadcasting and the AFTRA National Code of Fair Practice for Network & Local Television Broadcasting.

*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 to 8	GE	General Extra
Pup	Puppeteer	G9	Group 9 or more	HM	Hand Model

ORIGINAL COPY 1 (WHITE) — AFTRA

COPY 2 (PINK) — TO EMPLOYER

COPY 3 (YELLOW) — MEMBER RETAINS

Employer: _____ AFTRA Performer: _____

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

Date: _____