

MEMBER REPORT - INTERACTIVE MEDIA

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

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One copy of this form must be filled out and filed with AFTRA within 48 hrs. of engagement. Each member is responsible for filing their own Member Report, or making certain that one is filed on their behalf, in New York, Chicago, San Francisco, Los Angeles (addresses above) or the nearest local AFTRA office. Failure to file for each engagement - will subject you to a fine for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement: Recording Location: Address:

Employer/Signatory Name Address City State Zip Phone

Type of Employment: Day Player 3-Day Weekly VO Other Background Atmospheric (specify)

Title of Interactive Program: Compensation: Scale \$ Integration Payment Remote Delivery Other (specify)

Fee To Be Paid By: Wardrobe Fitting: Date From To Travel Time To: Date Time Left Time Arrived Travel Time From: Date Time Left Time Arrived

Additional Information: SINGER(S) Doubling Multiple Tracking Sweetening Explain:

Table with columns: Social Security No., Performer, Artist To (initial), Camera (On, Off), Hours Employed (Specify all Breaks Incl. Meal Periods, From, Meal, To), # of Productions, Type of Performance, Wardrobe Furnished by Artist (Yes, No), Will Agent's Compensation be paid? (Yes, No)

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

KEY To Type of Performance: P Principal, V Voice-Over, S Stunt, SD Solo/Duo Dancer, D3 Group Dancer 3-8, D9 Group Dancer 9-more, SS Solo/Duo Singer, G3 Group Singers 3-8, G9 Group Singers 9-more, SE Sound Effects, C Contractor, BA* Background Actor. EMPLOYER Signature of Employer or Employer Representative: AFTRA Performer: AFTRA Performer's Phone #: Date:

Original (WHITE) - TO AFTRA; Copy 1 (YELLOW) - TO EMPLOYER; Copy 2 (PINK) - MEMBER RETAINS