SAG·AFTRA

EXHIBIT E

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

1900 Broadway, 5th Floor, New York, NY 10023 (212) 532-0800

MEMBER REPORT

Television Recorded Commercials

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

A member is responsible for filing his or her own **Member Report** unless another AFTRA member (AFTRA Reporter) has accepted responsibility for filing. Failure to file for each **Television Recorded Commercial** engagement may subject you to a fine for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement:	
Recording Studio:	Address:
Agency:	Address:
Producer:	Address:
Sponsor & Product:	Type: ☐ Program ☐ Spot ☐ Audition ☐ Library

FILL IN IF INFORMATION AVAILABLE
Cycle: ☐ 8 wks ☐ 13 wks ☐ 26 wks ☐ 39 wks ☐ 52 wks ☐ Other:
Use Category: ☐ Wild Spot ☐ Program ☐ Network ☐Foreign ☐ Cable ☐ Internet ☐ New Media ☐ Other:
Fee to be Paid by:
Date of First Release:
Additional Information (doubling, etc.):

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 information supplied by performers.

✕ CHECK APPROPRIATE COLUMNS BELOW

Social Security Number	Name of Artist *(Please Print)*	Artist to Initial	Type of Perf.	Camera		No. of Spots	Hours Employed Including Meal Periods			Ward-robe	(1) SEX		(2) AGE		(3) ETHNICITY					(4) PWD
				On	Off		From	Meals	To		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 # of Tracks ☐ No

KEY to Type of Performance:

				PUP	Puppeteer
P	Principal Performer	DS	Dancer Soloist/Duo	S9	Group Singers 9 or more
SC	Singers Contractor	SS	Singer Soloist/Duo	D9	Group Dancers 9 or more
DC	Dancers Contractor	S3	Group Singers 3-5	GS	Group Speakers
ST	Stunt Performer	D3	Group Dancers 3-5	EP	Extra Performer
ANN	Announcer	S6	Group Singers 6-8	HM	Hand Model
PIL	Pilot	D6	Group Dancers 6-8	SE	Sound Effects

(1) SEX	M	Male	F	Female
(2) AGE	40+	40 and Over		
	-40	Under 40		
(3) ETH.	AP	Asian/Pacific		
	B	Black/African-American		
	C	Caucasian		
	LH	Latino/Hispanic		
	I	Native American		
(4) PWD	Person With Disability			

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, Code of Fair Practice for Commercial Television Broadcasting and Code of Fair Practice for Network Television Broadcasting. The undersigned certifies that all this information is true.

Employer: _____

Signature of Employer or Employer's Representative: _____

I accept responsibility for filing this report with AFTRA: _____
SIGNATURE OF AFTRA (MEMBER) REPORTER

Date: _____