

EXHIBIT 3

The Artist Cannot Waive Any Portion of the Union Contract Without Prior Consent of SAG-AFTRA

SAG-AFTRA

MEMBER REPORT

NON-BROADCAST RECORDED MATERIAL

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

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

One East Erie, Suite 650 Chicago, IL 60611 (312) 573-8081 5757 Wilshire Blvd. Los Angeles, CA. 90028-3689 (323) 634-8100

Members are responsible for filing their own Member Reports, or making certain that one is filed on their behalf, in New York, Chicago, or Los Angeles (address 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:		Studio:						Studio Address:						
		Employer's Address:						Telephone Number:						
Title of Program:														
Fee to be paid by:														
Type of Recording Category I Category II														
(Corporate, instructional, educational, sales promotion, amusement, entertainment, IVR, store/phonecasting, other)														
ADDITIONAL INFORMATION:														
Doubling	Wardrobe Fitting				Travel Time to:				Travel Time from:					
Multiple Tracking		Date:				Date:				Date:				
Sweetening		From:				Time Left:				Time Left:				
Explain:		To:				Time Arrived:				Time Arrived:				
SOCIAL SECURITY	PERFORMER	ARTIST TO	CAMERA SI		Specify	HOURS EMPLOYED pecify all breaks including meal periods		NO. OF PRO	TYPE OF PER FORM	WARDROBE FURNISHED BY ARTIST?		WILL AGENT'S COMMISSION BE PAID?		
NUMBER		INITIAL	ON	OFF	FROM	MEAL	TO	DUC FORM		NO	YES	NO		
		_												
		_												
				-										

The information 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.

ct as EMPLOYER:_

Signature of Employer or Employer Representative:

* KEY TO TYPE OF PERFORMANCE

Р	Principal	SB	Silent Bit
Ν	Narrator	S	Solo-Duo
NP	Non-Principal	G	Group Singer (3 or more)
BA	Background Actor	С	Contractor

SAG-AFTRA Performer: _____ Performer's

Phone Number: _____

___ Date: __