AMERICAN FEDERATION OF MUSICIANS
RADIO TO NON-COMMERCIAL RECORDING REPORT FORM
FOR SYMPHONIC USE ONLY

Date: _____ **RP No.**

AFM Local: _____

Release Date: _____ No. of Musicians: _____
City: _____ State: _____

Employer: _____
Employer's Address: _____
_____
_____

ORIGINAL SESSION

Report Form No.: _____
Recording Date: _____
Name of Program: _____
Guest Stars: _____
Network: _____ Station: _____
Tape Date: _____ Air Date: _____
Program Length: _____

	NO. of MIN.		TITLE of WORK/ PIECE
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____

MEMO

TOTAL NO. UNITS PRESSED (DO NOT LEAVE BLANK)

_____

The Employer understands and agrees that the terms and conditions of the recording covered by this Report Form are based upon the terms and conditions of the current AFM Radio to Non-Commercial Recording Agreement.

Employer's Signature _____ Leader's Signature _____
Pension Contributions To Be Paid By (if different): _____ Address: _____

LOCAL UNION NO. / CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INIT. (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	WAGES	PENSION
---------	(LDR)				
---------	(CONTR)				

TOTAL PENSION CONTRIBUTIONS:

TOTAL H&W CONTRIBUTIONS:

(1) Insert overscale wages being paid.
Include all music prep. information on this form or a continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY:

FORM B-12 /Rev. 1-97