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

Date: _____ **RPNo.**

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

AMERICAN FEDERATION OF MUSICIANS
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Continuation Sheet

RP No.

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

Distribution of the 6 copies of this report form is as follows:

1. Original page is to be sent to, **AFM-EP Fund, 304 East 44th St., New York, NY 10017** with Pension contriburion check made payable to the **AFM-EP Fund**
2. One copy is to be retained by the **Signatory of Records**
3. The remaing 4 copies are to be sent to the applicable AFM Loal with the musicias checks

The AFM Local will:

- retain one copy
- send one copy to the **American Federation of Musicians, 1501 Broadway, Suite 500, New York, NY 10036**
- sent one copy to the **Leader**

send one copy to **Heath & Welfare Fund** (where applicable)

- send one photo copy to the **Orchestra Committee Chairperson**

Pension Contribution

see appropriate pension section of the AFM Phonograph Record Labor Agreement for information regarding distribution of Pension payments

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Health and Welfare Payments

see appropriate health & welfare payment section of the AFM Phonograph Record Labor Agreement for information regarding distribution of health & welfare payments

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Include all music prep. information on this form or a continuation sheet, with copies of invoices attached.

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