AMERICAN FEDERATION OF MUSICIANS
LIMITED PRESSING RECORDING REPORT FORM

Date: _____ **RPNo.**

LIMITED PRESSINGS - Not to exceed 10,000 (2,000 in Canada). In the event that pressings exceed 10,000 (2,000 in Canada), there will be an upgrade payment to the musicians who participated on the original recording based upon the current national rates at the time of the upgrade, with credit applied for the original payments.

Recording Date:_____No. of Musicians: _____
Recording Studio/Location: _____
City:_____ State: _____
AFM Local: _____
Hours of Employment: _____
Producer/Employer: _____
Producer/Employer's Address: _____
_____
_____

MEMO

_☐_ Non-Symphonic _☐_ Symphonic _☐_ Chamber

Session No.: _____
Name of Artist/Group: _____
Local Number: _____

	NO. of MIN.	TITLE of TUNES / PIECES		NO. of MIN.	TITLE of TUNES / PIECES
A.			G.		
B.			H.		
C.			I.		
D.			J.		
E.			K.		
F.			L.		

PAYMENTS NOT MADE ON A TIMELY BASIS ARE SUBJECT TO LATE PAYMENT PROVISIONS OF THE AFM PHONOGRAPH AGREEMENT

The Producer/Employer understands and agrees that the terms and conditions of the engagement covered by this Report Form include the terms and conditions of the current AFM Limited Pressing Agreement in whose jurisdiction such recording takes place.

Producer/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)) (LDR)	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	NO. of DBLS	ID of TUNES	WAGES (1) / CARTAGE	PENSION	H&W WHERE APPLICABLE
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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:

LIMITED PRESSING RECORDING REPORT FORM
Continuation Sheet

RP No.

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	NO. of DBLS	ID of TUNES	WAGES (1) ---------- CARTAGE	PENSION	H&W WHERE APPLICABLE
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