



**American Federation of Musicians of the United States and Canada**  
**CONTRACT**  
**Form LS-1 (Only for local single engagements on and after June 1, 2010)**  
**(Not for use in Canada)**

This Agreement for a single engagement is entered into by and between Local \_\_\_\_\_, AFM ("Union") and \_\_\_\_\_ ("Employer").

Engagement Date \_\_\_\_\_ Place of/Description of Engagement \_\_\_\_\_

Local Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Employer Identification Number or Social Security Number \_\_\_\_\_

Employer address, phone, and/or email \_\_\_\_\_

*Optional:* Employer hereby designates \_\_\_\_\_ to make all pension contributions covered by this Agreement.

Designee Identification Number or Social Security Number \_\_\_\_\_

Designee address, phone, and/or email \_\_\_\_\_

**Compensation:** Compensation is set forth on the attached remittance form (pensionable compensation plus non-pensionable compensation) and shall be due in accordance with the Union bylaws no later than thirty (30) days after the engagement.

**Pension:** The Employer will contribute an additional \_\_\_\_\_% of each employee's pensionable compensation to the American Federation of Musicians and Employers' Pension Fund ("Fund"). Contributions will be made by check payable to "The American Federation of Musicians and Employers' Pension Fund" and will be sent to the Union along with a copy of this Agreement within thirty (30) days after the final engagement.

**Recording:** No portion of the performance(s) may be recorded, reproduced or transmitted from the place of performance in any manner whatsoever, in the absence of a written agreement with the American Federation of Musicians relating to and permitting such recording, reproduction or transmission.

**Other Terms and Conditions:** The parties may set forth any other terms and conditions of the engagement in a separate agreement (e.g., an American Federation of Musicians Form L-1 or L-2), but the terms of this Agreement will govern to the extent that there is any contradiction between this Agreement and such other agreement.

**Additional Provisions of the Agreement Governing Pension Contributions**

- The Employer agrees to be bound by the Agreement and Declaration of Trust Establishing the American Federation of Musicians and Employers' Pension Fund (as it may be amended from time to time) which is incorporated by reference into this Agreement.
- The Employer's designation of a third-party designee (e.g., a payroll company) to make contributions on its behalf does not relieve the Employer of its obligation to make contributions under this Agreement.
- Contributions under this Agreement on behalf of any owner or part-owner of the Employer (or designates a third party to make such contributions) will be accepted by the Fund only if a valid certificate of incorporation (in the case of a corporation) or LLC Addendum (in the case of a limited liability company and available from the Fund Office) is attached to this Agreement.
- By making contributions on behalf of an individual, the Employer warrants that it has determined that the individual is an employee covered by the Agreement.

- If the Union is not party to the Fund's "Cash Receipts Procedures for Locals that Receive Pension Contributions Directly from Employers," all contributions to the Fund and the remittance form must be sent directly to the Fund at P. O. Box 2673, New York, NY 10117-0262.
- The Contribution Rate on the first page of the Agreement should be the rate required under the Bylaws of the AFM Local having jurisdiction over the engagement, plus an additional amount required under the Fund's Rehabilitation Plan. See attached Rehab Rate Reference Chart.

**AFM LS-1 REMITTANCE FORM**  
**Make additional copies of this page as required**

Employer Name \_\_\_\_\_

Employer Identification Number or Social Security Number \_\_\_\_\_

Engagement Date \_\_\_\_\_

	<b>Musician's Name (Last, First, M.I.)</b>	<b>Social Security Number</b>	<b>Pensionable Compensation</b>	<b>Non-pensionable Compensation</b>	<b>Pension Contribution</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
		<b>TOTAL:</b>	_____	_____	_____

**This Agreement will be accepted by the Fund only if it is complete, contains all required signatures, uses a valid contribution rate and is paid in full.**