



**MEMBER REPORT - INTERACTIVE MEDIA
AMERICAN FEDERATION OF TELEVISION AND
RADIO ARTISTS**

350 Sansome St., # 900
San Francisco, CA.
94104
(415) 391-7510

260 Madison Ave., 7 Fl.
New York, NY. 10016
(212) 532-0800

One E. Erie St. #650
Chicago, IL. 60611
(312) 573-8081

5757 Wilshire Blvd., 9 Fl.
Los Angeles, CA. 90036
(323) 634-8100

One copy of this form must be filled out and filed with AFTRA within 48 hrs. of engagement. Each member is responsible for filing their own Member Report, or making certain that one is filed on their behalf, in New York, Chicago, San Francisco, Los Angeles (addresses 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: Recording Location: Address:

Employer/Signatory	Name	Address	City	State	Zip	Phone
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Type of Employment: Day Player 3-Day Weekly VO Other _____
 Background Atmospheric (specify)

Title of Interactive Program: _____
 Compensation: Scale Integration Payment Remote Delivery
 \$ _____
 Other _____ (specify)

Fee To Be Paid By: _____
 Wardrobe Fitting: Date _____ From _____ To _____
 Travel Time To: Date _____ Time Left _____ Time Arrived _____
 Travel Time From: Date _____ Time Left _____ Time Arrived _____

Additional Information: Doubling Multiple Tracking Sweetening Explain:
 SINGER(S)

Social Security No.	Performer	Artist To (initial)	Camera		Hours Employed (Specify all Breaks Incl. Meal Periods)	# of Productions	Type of Performance	Wardrobe Furnished by Artist		Will Agent's Compensation be paid?	
			On	Off				Yes	No	Yes	No
					From Meal To						

The information contained in this Memorandum is obtained from the contract(s), verbal or written, which the undersigned employer has entered into with the members of AFTRA whose names are listed hereon.

KEY To Type of Performance
 P Principal D3 Group Dancer 3-8 G9 Group Singers 9-more
 V Voice-Over D9 Group Dancer 9-more SE Sound Effects
 S Stunt SS Solo/Duo Singer C Contractor
 SD Solo/Duo Dancer G3 Group Singers 3-8 BA* Background Actor
 *Specify type of Background Actor

EMPLOYER _____
 Signature of Employer or
 Employer Representative: _____
 AFTRA Performer: _____
 AFTRA Performer's Phone # _____
 Date: _____