



Check Box if
SAG P & H Fund
P.O. Box 7830
Burbank, CA 91510

NORTHWEST SAG-AFTRA TALENT CONTRACT/MEMBER REPORT

For work in the States of Oregon, Washington, Alaska, Montana and Idaho

Check Box if
AFTRA H & R Fund
P.O. Box 13673
Newark, NJ 07188-3673



SAG-AFTRA Seattle
123 Boylston Ave E, Suite A
Seattle, WA 98102
(206) 282-2506
Fax (206) 282-7073

How to Process This Contract:

1. Performer: Sends or faxes one copy to the appropriate local Union office within 48 hours of session.
2. Performer: Retains one copy for own records.
3. Employer: Prints three copies.
 1. Employer: Mails one copy together with check made out to appropriate health and pension fund to Fund.
(See names and addresses noted under SAG or AFTRA check boxes)
 2. Employer: Mails one copy together with talent check made payable to The Individual Performer (less deductions required by law) to the Local SAG-AFTRA office having jurisdiction over the session.

then

EMPLOYEE INFORMATION EMPLOYER INFORMATION

Performer's name (Last name, First name) _____ Performer's address _____ City, State & Zip Code _____ Social Security Number _____ Performer's phone _____ Performer's Agent's Name _____ Performer's e-mail _____ Names of other performers _____		Production Title _____ Advertiser/Client _____ <input type="checkbox"/> Advertising Agency/Production Company _____ <input type="checkbox"/> Producer _____ <input type="checkbox"/> Recording Studio _____ <input type="checkbox"/> Pay Service _____ <input type="checkbox"/>		Production Number _____ Check if signatory for this job <input type="checkbox"/>
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SESSION INFORMATION FEES

Recording Date	Radio TV C/E Inter	On Cam	Off Cam	Tag(s)	Principal/Extra/Group	SESSION FEE
Start Time: _____	End Time: _____	Total Hours: _____	Overtime	x	Overtime Rate	OVERTIME FEE

POTENTIAL USAGE INFORMATION

Markets	Portland Seattle/Tacoma Single Market National Other Markets (list) _____	Cycle of Use	FIRST USE DATE: _____	Number of Units	Unit Rate	UNITS FEE
			13 weeks One year (Reg. Code only) 2 weeks Demo Only	Number of Cable Subscribers		CABLE USE FEES

OTHER INFORMATION

Northwest Regional Code _____ Nat'l TV/Radio Comm'l Code _____ Nat'l Corp/Ed Code _____ Interactive Code _____ Other (List Code): _____	T-H job <input type="checkbox"/>	SPECIAL NOTES/PREFERENCE REASONS _____	FITTING	
			MAKE-UP	
			TRAVEL TIME	

AFTRA H & R AND SAG P & H REMITTANCE

Employer or Reporting Company	Account #	Commissionable Total	AGENT'S COMMISSION
Address of Employer or Reporting Company	Phone Number	Subtotal on which H&R/P&H is due and taxes withheld	CLOTHING
Check appropriate Code for current percentage by which to multiply above figure.	X %		MILEAGE
Retirement Fund or the SAG Pension & Health Fund and send check together with Pink copy, to above appropriate address.	Employer contribution due health and pension fund.	GROSS DUE PERFORMER	

The producer wishes to enjoy peaceful and pleasant relations with SAG-AFTRA (hereafter referred to as "The Union") and their members, and to that end agrees to be bound by, abide by and conform to all of the terms and conditions specified in the appropriate Union Codes, including but not limited to the /SAG-AFTRA Northwest Regional Code of Fair Practice, the SAG-AFTRA National Recorded Commercials Contract, the AFTRA and SAG National Corporate/Educational Recorded Materials Contract, the AFTRA Sound Recordings Contract, the Network Television Broadcasting, the Commercial Radio Broadcasting, the Transcribed Radio Programs, AFTRA and SAG Public Television Agreement, the Public Radio Agreement, the AFTRA and SAG Interactive Agreement, and the AFTRA and SAG Infomercial Agreement. Without limiting the generality of the foregoing, the Producer agrees to make the appropriate payment of session fees, reuse, replay and residual fees specified in all Union Codes and Contracts. The filing of the Talent Contract/Member Report by the Producer shall be deemed an acceptance by the Producer of the Health and Retirement/Pension and Health provisions of the Union Codes and Contract under which the work was performed, and an agreement by the Producer to be bound thereby and by the Health and Retirement/Pension and Health Funds established thereunder.

NOTE: THIS IS A BILLING! Payments not received per code will be assessed appropriate late fees.

Signature of SIGNATORY PRODUCER (or designee thereof)

Date

Signature of PERFORMER