AMERICAN FEDERATION OF MUSICIANS REPORT FORM FOR COMMERCIAL (SYNDICATED), PUBLIC AND LOCAL RADIO AND NON-COMMERCIAL I.D.

Program Name: ______________________________

Continuation Sheet

RP No.

Recording Date: ______________________________

Leader's Name: ______________________________

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

TOTAL PENSION CONTRIBUTIONS		
TOTAL H & W CONTRIBUTIONS		