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

Continuation Sheet

RP No.

Program Name: ______________________________

Recording Date: ______________________________

Leader's Name: ______________________________

LOCAL UNION NO. ------- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST INITIAL FIRST (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	

FORM B-10/Rev. 7-96