

AMERICAN FEDERATION OF MUSICIANS REPORT FORM FOR DEMONSTRATION RECORDING - AUDIO ONLY

Continuation Sheet

Recording Date: _____

Leader's Name: _____

Report Form No. _____

Name of Artist/Group: _____

Page _____ of _____

LOCAL UNION NO. <hr style="border-top: 1px dashed black;"/> CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INIT. <small>(Instrument(s))</small>	HOME ADDRESS <small>(Give Street, City & State)</small>	SOCIAL SECURITY NUMBER	NO. of DBLS	ID of TUNES	WAGES (1) <hr style="border-top: 1px dashed black;"/> CARTAGE	PENSION	H&W <small>WHERE APPLICABLE</small>
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(1) Insert overscale wages being paid.
Include all music prep. info on this form or continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY:
FORM B-5/Rev. 3-12

TOTAL PENSION CONTRIBUTIONS:		
TOTAL H&W CONTRIBUTIONS:		