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

Continuation Sheet

Recording Date: _____ Report Form No. _____

Leader's Name: _____

Name of Artist/Group: _____ Page _____ of _____

LOCAL UNION NO. ---------- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INIT. (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	NO. of DBLS	ID of TUNES	WAGES (1) ---------- CARTAGE	PENSION	H&W WHERE APPLICABLE
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						TOTAL PENSION CONTRIBUTIONS:		
						TOTAL H&W CONTRIBUTIONS:		

(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. 6-96