

PROFESSIONAL MUSICIANS LOCAL 47 AND EMPLOYERS' HEALTH AND WELFARE FUND



**CONTINUATION SHEET
LOCAL 47 WORK DUES REPORT**
Including Employer Contributions for
AFM/EPF and HEALTH & WELFARE FUNDS

Employer Code

PRINT LEGIBLY

PLACE OF ENGAGEMENT: _____ ROOM NAME: _____

ADDRESS OF ENGAGEMENT: _____ CITY: _____

TYPE OF ENGAGEMENT: _____ BUS. AGENT: _____

PRINT MEMBERS NAMES (Including Substitutes)			SOCIAL SECURITY	LOCAL NO.	TOTAL SCALE	TOTAL AFM/EPF	TOTAL H&W FUND
Last	First	Int.					
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
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36.							
37.							
38.							
39.							
40.							

ENGAGEMENT CLOSED _____
(Closing Date)

TOTALS
WORK DUES
(% of total scale)

X _____ PHONE NO. _____ DATE _____
(Signature of Leader of Contractor)

FOR OFFICE USE ONLY

RECEIPT NUMBER _____	DATE RECEIVED _____	BY _____
DATE POSTED _____	BY _____	