AMERICAN FEDERATION OF MUSICIANS
LIMITED PRESSING RECORDING REPORT FORM

This form may not be used without the Limited Pressing Signatory Agreement.
Application for the Signatory Agreement must be made through the Electronic Media Division of Local 47.
This is not a Federation Signatory Agreement. Please contact Jamie Vespa at (323) 993-3170 to apply.

Date: _____

The Local must be notified in advance of all recording sessions called in connection with the project

RP No.

LIMITED PRESSINGS – Not to exceed 10,000 (2,000 in Canada). In the event that pressings exceed 10,000 (2,000 in Canada), there will be an upgrade payment to the musicians who participated on the original recording based upon the current national rates at the time of the upgrade, with credit applied for the original payments.

Recording Date: _____ No. of Musicians: _____
Rec. Studio/Location: _____
City: _____ State: _____
AFM Local: _____
Hours of Employment: _____
Producer/Employer: _____
Producer/Employer's Address: _____

MEMO

☐ Non-Symphonic ☐ Symphonic ☐ Chamber

Session No.: _____
Name of Artist/Group: _____
Local Number: _____

	NO. of Min.	TITLE of TUNES / PIECES
A.		
B.		
C.		
D.		
E.		
F.		

	NO. of Min.	TITLE of TUNES / PIECES
G.		
H.		
I.		
J.		
K.		
L.		

The Producer/Employer understands and agrees that the terms and conditions of the engagement covered by this Report Form include the terms and Conditions of the current AFM Limited Pressing Agreement in whose jurisdiction such recording takes place.

Producer/Employer's Signature _____ Leader's Signature: _____
Pension Contributions To Be Paid By (if different): _____ Address: _____

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 (EID as applicable)	NO. of DBLS - - - - OVR-DBS	ID of TUNES	WAGES (1) - - - - - - - - - - - - - - CARTAGE	PENSION	H&W WHERE APPLICABLE
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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.

TOTAL PENSION CONTRIBUTIONS:

TOTAL H&W CONTRIBUTIONS:

FOR FUND USE ONLY:

FORM B-9/Rev. 7-96