



Check box if film
 SAG P&H Fund
 P.O. Box 7830
 Burbank, CA 91510

NORTHWEST AFTRA/SAG TALENT CONTRACT/MEMBER REPORT

For work in the States of Oregon, Washington, Alaska, Montana and Idaho

Check box if video
 AFTRA H&R Fund
 P.O. Box 19260
 Newark, NJ 07195-0260



Portland Offices	AFTRA Portland 1125 SE Madison St #204 Portland, OR 97214 (503) 279-9600 Fax (503) 279-9603	Check box for this office <input type="checkbox"/>	SAG Portland 999 3rd Ave, Ste 3800 Seattle WA 98104 (206) 224-5696 Fax (206) 224-5695	Check box for this office <input type="checkbox"/>	Seattle Offices	AFTRA Seattle 4000 Aurora Ave N #102 Seattle, WA 98103 (206) 282-2506 Fax (206) 282-7073	Check box for this office <input type="checkbox"/>	SAG Seattle 999 3rd Ave, Ste 3800 Seattle WA 98104 (206) 224-5696 Fax (206) 224-5695	Check box for this office <input type="checkbox"/>
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How to Process This Contract: Please Type or Print – pressing firmly, with ball point pen.)

1. Performer: Sends or faxes ORIGINAL to the appropriate local Union office within 48 hours of session.
2. Performer: Retains PINK copy for own records.
3. Performer: Gives all remaining THREE copies to Employer.
 1. Employer: Mails YELLOW copy together with check made out to appropriate health and pension fund to Fund. (See names and addresses noted under SAG or AFTRA check boxes)
 2. Employer: Mails BLUE copy together with check made payable to The Individual Performer (less deductions Required by law) to the Local AFTRA or SAG office having jurisdiction over the session.

EMPLOYEE INFORMATION

EMPLOYER INFORMATION

Performer's Name (Last name, First name)	Production Title	Production Number
Performer's address	Advertiser/Client	<i>Check if signatory for this job</i> <input type="checkbox"/>
City, State & Zip Code	Advertising Agency/Production Company	<input type="checkbox"/>
Social Security Number	Producer	<input type="checkbox"/>
Performer's Phone	Recording Studio	<input type="checkbox"/>
Performer's Agent's Name	Pay Service	<input type="checkbox"/>
Performer's email		
Names of other performers		

SESSION INFORMATION

FEES

Recording Date	Radio NB	TV Inter	On Cam	Off Cam	Tag(s)	Principal Extra/ Group	SESSION FEE
Start Time:	End Time:	Total Hours:	Overtime	x	Overtime Rate		OVERTIME FEE

POTENTIAL USAGE INFORMATION

Markets <input type="checkbox"/> Portland <input type="checkbox"/> Seattle/Tacoma <input type="checkbox"/> Single Market <input type="checkbox"/> National <input type="checkbox"/> Other Markets (list) _____	Cycle of Use FIRST USE DATE: <input type="checkbox"/> 13 weeks <input type="checkbox"/> One year (Reg. Code only) <input type="checkbox"/> 2 weeks <input type="checkbox"/> Demo Only <input type="checkbox"/> REUSE – Cycle Dates _____	Number of Units	Unit Rate	UNITS FEE
		Number of Cable Subscribers		CABLE USE FEES

OTHER INFORMATION

Contract <input type="checkbox"/> Northwest Regional Code <input type="checkbox"/> Nat'l Radio Comm'l Code <input type="checkbox"/> Nat'l TV Comm'l Contract <input type="checkbox"/> Nat'l Industrial/Educational Contract <input type="checkbox"/> Interactive Contract <input type="checkbox"/> Other Contract: _____	T-H Job <input type="checkbox"/>	SPECIAL NOTES/PREFERENCE REASONS	FITTING	
			MAKE-UP	
			TRAVEL TIME	

AFTRA H&R AND SAG P&H REMITTANCE

Employer or Reporting Company	Account #	Commissionable Total	Agent's Commission
Address of Employer or Reporting Company	Phone Number	Subtotal on which H&R/P&H is due and taxes withheld	Clothing Mileage
Please make check payable to either the AFTRA Health & Retirement Fund or the SAG Pension & Health Fund and send check together with Pink copy, to above appropriate address.		X %	GROSS DUE PERFORMER
Employer contribution due health and pension fund.			

The producer wishes to enjoy peaceful and pleasant relations with AFTRA and SAG (hereafter referred to as "The Union") and their members, and to that end agrees to be bound by, abide by and conform to all of the terms and conditions specified in the appropriate Union Contracts, including but not limited to the AFTRA/SAG Northwest Regional Code of Fair Practice, the AFTRA National Radio Recorded Commercials Contract, the AFTRA and SAG National Television Recorded Commercials Contract, the AFTRA and SAG National Non-Broadcast/Industrial/Educational Recorded Materials Contract, the AFTRA Sound Recordings Contract, the Network Television Broadcasting, the Commercial Radio Broadcasting, the Transcribed Radio Programs, AFTRA and SAG Public Television Agreement, the Public Radio Agreement, the AFTRA and SAG Interactive Agreement, and the AFTRA and SAG Infomercial Agreement. Without limiting the generality of the foregoing, the Producer agrees to make the appropriate payment of session fees, reuse, replay and residual fees specified in all Union Codes and Contracts. The filing of the Talent Contract/Member Report by the Producer shall be deemed an acceptance by the Producer of the Health and Retirement/Pension and Health provisions of the Union Codes and Contract under which the work was performed, and an agreement by the Producer to be bound thereby and by the Health and Retirement/Pension and Health Funds established thereunder.

NOTE: THIS IS A BILLING: Payments not received per contract will be assessed appropriate late fees.

Signature of SIGNATORY PRODUCER (or designee thereof)

Date

Signature of PERFORMER