



**AMERICAN FEDERATION OF MUSICIANS
OF THE UNITED STATES AND CANADA**

JOINT VENTURE RECORDING REPORT

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This section to be completed by Local Officer

Date: _____ Local Officer: _____

AFM Local: _____ Signature: _____

Address: _____ City, State/Province: _____

Zip/Postal Code: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

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The undersigned participating AFM member royalty musicians submit the following report as verification and confirmation of their compliance with ARTICLE 15, SECTION 1(b) of the AFM Bylaws.

Name of Artist/Group

Name & address of location(s) where recording was made

Date(s) of recording

_____ Song Title	_____ Length (min:sec)	_____ Song Title	_____ Length (min:sec)
_____ Song Title	_____ Length (min:sec)	_____ Song Title	_____ Length (min:sec)
_____ Song Title	_____ Length (min:sec)	_____ Song Title	_____ Length (min:sec)
_____ Song Title	_____ Length (min:sec)	_____ Song Title	_____ Length (min:sec)
_____ Song Title	_____ Length (min:sec)	_____ Song Title	_____ Length (min:sec)
_____ Song Title	_____ Length (min:sec)	_____ Song Title	_____ Length (min:sec)

The undersigned participating AFM member royalty musicians shall defend, indemnify, and hold the AFM and the Local harmless from and against any and all liabilities, losses, damages, costs, and expenses (including, without limitation, reasonable legal fees and expenses) arising from the sale or distribution, the actual or alleged infringement of any proprietary rights, or any other action brought against the musicians in relation to the sale, distribution or use of the above-named recordings.

Submitted this _____ day of _____, 20 ____

Print Name (LEADER)

Print Name

Percentage of Ownership

Percentage of Ownership

Signature

Signature

Street Address

Street Address

City, State/Province, Postal/Zip Code

City, State/Province, Postal/Zip Code

Phone

Phone

Email

Email

Print Name

Print Name

Percentage of Ownership

Percentage of Ownership

Signature

Signature

Street Address

Street Address

City, State/Province, Postal/Zip Code

City, State/Province, Postal/Zip Code

Phone

Phone

Email

Email

Print Name

Percentage of Ownership

Signature

Street Address

City, State/Province, Postal/Zip Code

Phone

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Print Name

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Email