

American Federation of Musicians and Employers' Pension Fund

PENSION CONTRIBUTION REMITTANCE FORM

Signatory Employer: _____

Payor (if different): _____

Date(s) of engagement: _____

Details of engagement: _____
 (duration, doubling, overtime, recording, etc.)

	MUSICIAN'S NAME <small>(last, first middle)</small>	HOME LOCAL #	SOC SEC #	SCALE WAGES	PENSION CONTRIBUTION
1		148-462			
2		148-462			
3		148-462			
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33		148-462			
34		148-462			
			TOTALS		

Please make pension checks payable to AFM-EPF.

Remit to:

LOCAL 148-462, AFM
 Attn: Sue Long
 551 Dutch Valley RD NE
 Atlanta, GA 30324