

PROFESSIONAL MUSICIANS, LOCAL 47

Engagement Self-Reporting Form

MEMBER INFORMATION			
Last Name	First Name	Middle Int.	Social Security No.
Address		Home Phone	Business Phone (not required)
City		State	Zip Code
Email Address			

EMPLOYER INFORMATION		
Employer Name:		
Address		Phone
City		Zip Code
State		
Leader or Contractor's Name		

CONTRACT INFORMATION	
Type of Union Contract:	
Applicable Wage Scale	
Health and Welfare Contribution	

ENGAGEMENT INFORMATION			
Date of Engagement:	Number of Days Worked	Hours Per Day	Total # of Hours Per Day
From:	To:	From:	To:
Place of Engagement / Venue			
Health and Welfare Contribution			

Additional Information:

Send completed Enrollment Form to:

Musicians Health and Welfare Fund
1000 North Central Avenue – Suite 400
Glendale, California 91202
Phone: (800) 753-0222
Fax: (818) 549-0610