



American Federation of Musicians of the United States and Canada

CONTRACT

Form LS-1 (For local single engagements only)

(Not for use in Canada)

This Agreement for a single engagement is entered into by and between Local \_\_\_\_\_, AFM ("Union") and \_\_\_\_\_ ("Employer").

Engagement Date \_\_\_\_\_ Engagement Place \_\_\_\_\_

Compensation: Compensation is set forth on the remittance form on the reverse side of this Agreement (pensionable compensation plus non-pensionable compensation) and shall be due in accordance with the Union bylaws, but no later than thirty (30) days following the month in which the engagement occurred.

Pension: The Employer or its designee, \_\_\_\_\_, on the Employer's behalf will contribute an additional \_\_\_\_\_% of each employee's pensionable compensation as defined on the remittance form on the reverse side of this Agreement to the American Federation of Musicians and Employers' Pension Fund ("Fund"). All contributions will be sent to the Union along with a completed remittance form for forwarding to the Fund within thirty (30) days after the engagement. Contributions will be made by check payable to "the American Federation of Musicians and Employers' Pension Fund."

Recording: No portion of the performance(s) may be recorded, reproduced or transmitted from the place of performance in any manner whatsoever, in the absence of a written agreement with the American Federation of Musicians relating to and permitting such recording, reproduction or transmission.

Other Terms and Conditions: The parties may set forth any other terms and conditions of the engagement in a separate agreement (e.g., an American Federation of Musicians Form L-1 or L-2), but the terms of this Form LS-1 will govern to the extent that there is any contradiction between this Form LS-1 and such other agreement.

(See reverse side for the remittance form and additional pension provisions of this Agreement)

For the Employer: (Complete all lines)	For the Union: (Complete all lines)
_____ Sign Name	_____ Sign Name
_____ Type or Print Name	_____ Type or Print Name
Title _____ Date _____	Title _____ Date _____
Address _____	Address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone No. _____	TelephoneNo. _____

Accepted as to the portions of this Agreement that relate to the Fund:  
AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND

\_\_\_\_\_  
For the Executive Director Date

Note that this Agreement will be accepted by the Fund only if it is complete and accompanied by all required contributions and attachments.

