

# 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
E-mail Address			

EMPLOYER INFORMATION		
Employer Name		
Address		Phone
City	State	Zip Code
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:**

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**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) 243-0390**