



Americans United For America, Inc.

A Not-For-Profit Organization

501 (c) 3

Uniting All Americans Through Quality, Funky, Hilarious, Educational, Enlightening Entertainment.

ACTOR

APPENDIX A

ACTOR AGREEMENT

1. AMERICANS UNITED FOR AMERICA INC., and Charles Emmett, hereinafter referred to as (Producer), shall employ,

(Actor/Employee name)

hereinafter referred to as Actor Employee, or A/E, to perform and or work on the dates mentioned below.

You have been cast by AUFA, inc. and Charles Emmett for the production of:

ONE Nation: A Karaoke eXp. (Public Service Announcements)
(Name of Project)

Rehearsals are flexible but Actor/Employee is expected to show up and rehearse as predetermined.

You have been cast for the role of:

Interviewer/SELF_____

(Role/Character)

- Starring
- Co Star
- Day Player
- Featured Extra
- Atmosphere

and will receive such billing in program credits, advertisements and press releases. You are expected to attend all readings, rehearsals and performances prearranged by Producer.

This production is the Producer's creation and idea for a:

- _____
- Feature Film
- Television Series
- Public Service Announcement
- Theatrical Play
- Public Speaking/Performance
- Other

2. Your compensation/payment is:

\$100.00 _____
(Compensation)

- Cash Payment
- Exchange
- Deferred
- % of net donations(Only)
- Other

(Explanation)

Payable no later than two weeks or ten (10) business days after the completion of this agreement. All applicable State and Local employment laws, ordinances and requirements apply.

If the foregoing accurately and completely sets forth the terms of our agreement, please indicate your acceptance by signing in the space below.

CHARLES EMMETT CEO/AMERICANS UNITED FOR AMERICA INC.

ACKNOWLEDGED, ACCEPTED AND AGREED:

By: _____ DATE: _____

CHARLES EMMETT/CEO Americans United For America, Inc.

If this document accurately and completely sets forth the terms of our agreement, please indicate your acceptance by signing in the space below.

ACKNOWLEDGED, ACCEPTED AND AGREED:

By: _____ DATE: _____
(Actor/Employee Signature)

Name: _____
(Actor/Employee PRINTED)