

LOCAL 47 MUSICIANS RELIEF FUND

APPLICATION FORM

Relief Fund Assistance for Local 47 members

(Do not leave any fields blank on this form)

For Office Use Only

Acct #: _____
Pd Thru: _____
Date Joined: _____
Verified by: _____

1. First Name _____ Last Name _____
 2. Phone: _____
 3. Address _____
City _____ State _____ Zip Code _____
 4. Member Account # (or last 4 digits of SS#) _____
 5. Date of admission into Local 47 _____ Birth Date _____
 6. Full Member • Life Member • Instrument(s) _____
 7. Briefly describe the nature of your hardship, cause, length of disability, etc.
(Attach a doctor's certificate or other documentation)

 8. Are you presently physically able to work as a musician if an engagement were offered to you?
Yes • No •
 9. Date of last professional engagement. _____
 10. Do you work at any other trade or profession? Yes • No • If yes: _____
 11. Please list all other sources of income and amounts. _____

 12. List all assets (bank account, savings, investments, property) and their values.

 13. Are you receiving Social Security benefits? Yes • No • If yes, amount per month: \$ _____
 14. Most pressing needs (specific bills in order of priority): _____

- Signature _____ Date _____