

# 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 \_\_\_\_\_