

APPLICATION FORM

LESTER PETRILLO MEMORIAL FUND FOR DISABLED MUSICIANS

(Please print or type all answers. All information will be held confidential and will not be provided to any other entity or used for any other purpose)

Date _____

1. Name _____ Soc. Sec. No. _____

2. Address _____

3. City _____ State _____ Zip _____ Local Number (s) _____

4. Date of admission into Local _____ Date of Birth _____

5. Instrument (s) _____

6. Do you work at any other trade or profession? _____. If yes, describe same and amount of earnings weekly _____

7. Are you presently physically able to work as a musician if an engagement was offered to you?

8. If you are physically disabled, give brief summary of your disability, nature, cause, length of disability, etc **attaching hereto doctor's certificate (use additional sheets if necessary):**

9. Date of last professional engagement _____

10. Do you have any other source of income? _____. If yes, describe briefly, nature and amount _____

11. Do you have any assets such as bank account, savings, or property? _____. If yes, describe briefly, nature and amount _____

Signature _____
(Please sign)

The applying member should send the application and the medical note to their Local Union who will then submit the documents along with a brief note to the address listed below for processing.

Kenneth B. Shirk
International Secretary-Treasurer
AFM
1501 Broadway, Ninth Floor; New York, NY 10036