

# 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.**

Jay Blumenthal  
International Secretary-Treasurer  
AFM  
1501 Broadway, Suite 600; New York, NY 10036