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** _____ **SSN/SIN** _____

2. **Address** _____

3. **City** _____ **St/Prov** _____ **Zip/Postal code** _____ **Local No(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)

APPLICANTS: Send this completed form and doctor's certification to your Local Union for initial processing.

LOCAL UNION OFFICE: Submit the application and documentation along with a brief note of attestation to:

Lester Petrillo Fund
Office of the Secretary-Treasurer
American Federation of Musicians of the US & Canada
1501 Broadway, Ninth Floor
New York, NY 10036