



Professional Musicians of the Inland Northwest, American Federation of Musicians, Local 105

Lester Petrillo Fund for Disabled Musicians

Started in 1951 with a \$10,000 personal contribution from then-President James C. Petrillo in memory of his late son, the Lester Petrillo Memorial Fund for Disabled Musicians is a charitable trust fund that provides financial aid to disabled members. This fund is not intended to replace health insurance or provided general loans, but does supply ***modest amounts of assistance*** to qualified applicants on an emergency basis.

The Trustees ***have complete discretion*** in determining eligibility and amount of the benefit, except that no benefits shall be paid to or on behalf of a person who is not physically or mentally disabled (as that term is defined by the Trustees) and who is not a member in good standing of the AFM. Members will receive only one benefit check in any calendar year. However, Local Secretaries may submit applications for assistance on behalf of members in subsequent years if needed.

The application must be completed and signed by the member, ***a doctor's certificate*** stating the nature and diagnosis of the member's health condition must be attached. Local Secretaries or Treasurers must also send a statement on behalf of the applicant with the completed application to the International Secretary-Treasurer's Office.

NOTE: Missing or incomplete financial information will delay processing and may also result in a reduced benefit or denial of the application.



Professional Musicians of the Inland Northwest, American Federation of Musicians, Local 105

APPLICATION FORM

LESTER PETRILLO MEMORIAL FUND FOR DISABLED MUSICIANS

(Please print or type all answers)

Date _____

1. Name _____ Soc.Sec.No. _____
2. Address _____
3. City _____ State _____ 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 _____

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)

