

IF MEMBER IS 45 YEARS OR OLDER, NOT ELIGIBLE FOR INSURANCE.

POLICY NO. _____

POLICY MAILED _____

POLICY CANCELLED _____

REASON CANCELLED _____

CLAIM PAID _____

DATE PAID _____

CHECK NO. _____

Cincinnati, Ohio, _____ (Date)

**APPLICATION FOR MEMBERSHIP
THE C. M. A. BENEFIT CLUB**

1. Full Name of Applicant _____

Social Security # _____

2. Place and Date of Birth _____

3. Date when you joined The Cincinnati Musicians Association _____
Month Day Year

4. Do you hold membership in any other Locals of the American Federation of Musicians?
If so, name them:

5. Are you insured or entitled to any Death Benefits in them? _____
For what amount _____

6. Give full name of person you will designate as your beneficiary on the Insurance Policy issued to you as a member of this Club.

Relationship of said Beneficiary to yourself _____

Applicant agrees to abide by the Constitution, By-Laws, and Regulations of The C. M. A. Benefit Club and herewith deposits:

- (a) \$50.00 as an initiation fee, or
- (b) Applicant agrees to pay \$1.25 per quarter for ten years until the amount of \$50.00 has been paid as an initiation fee.

In the event of prior death, any unpaid balance shall represent a valid claim to be deducted from the insurance benefits paid to the applicant's beneficiary.

SIGNED _____

ADDRESS _____

CITY _____ STATE _____

