

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 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 _____

In the event the designated beneficiary or beneficiaries pre-decease the member and no immediate family member survives, the death benefit shall be paid as a bequest to Bravo Music, Inc. a 501-C3 Non-Profit Corp. (31-1282471)

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 _____ ZIP _____