

TMA Benevolent Funds Application Form – for HEW, MAF, LMBF

Member Name (please print): _____

Member AFM ID # or TMA ID # _____ Application Date: _____

The TMA Member seeking support:

- i) has been in good standing for the past two years: Yes No
- ii) is not in good standing and/or has not been in good standing for part of the past two years: Yes No
Reason: _____
- iii) Date of Member’s last professional engagement as a professional musician? _____
- iv) Member has Life Member status? Yes No
- v) Number of weeks of TMA Benevolent Funds the Member has already received (from HEW/MAF): _____

HEW:

For Members applying for HEW / Health, Education, Welfare Fund (for illness/injury lasting up to 12 weeks):

Number of weeks of illness or injury from the date of this application to the projected date of resolution: _____

Number of weeks of TMA HEW Benevolent Fund the Member is requesting (up to 12 weeks) : _____

MAF:

For Members applying for *MAF / Member Assistance Fund - for illness/injury lasting 13 weeks or longer:

Number of weeks of Member Assistance Fund the Member is requesting (up to 24 weeks): _____

The Member is seeking to have the costs of a medical practitioner’s letter reimbursed from the MAF, up to \$75, and has attached the receipt for such a cost: Yes No

LMBF:

For Life Members only:

The Member is seeking support for TMA Annual Membership Dues from the TMA Life Member Benevolent Fund (LMBF) due to financial hardship: Yes No

Has the licensed medical practitioner who is supervising the member’s care for the illness or injury been sent a request to provide TMA with a) the date patient was first under their care for the condition b) the nature of the illness or injury c) the probable duration, and to provide this information on a signed letter (on their letterhead)?
Yes No

Name of Person Completing this application: _____

If applicable, do you have permission to apply on behalf of the applicant? Yes No Not applicable

Phone: _____ Email: _____

Signature: _____