

## STATE TREASURER'S SUMMARY FORM

#FI 8-10

State \_\_\_\_\_

State Treasurer \_\_\_\_\_

State President \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone, E-Mail (\_\_\_\_) \_\_\_\_\_

Phone, E-Mail (\_\_\_\_) \_\_\_\_\_

**Organization and Annual Dues**

Senior \$ \_\_\_\_\_  
Student \$ \_\_\_\_\_  
Junior \$ \_\_\_\_\_

**Individual Members****ANNUAL DUES**

Senior \$ \_\_\_\_\_  
Student \$ \_\_\_\_\_  
Junior \$ \_\_\_\_\_  
Contributing \$ \_\_\_\_\_

**PERMANENT FEES**

Cradle Roll \$ \_\_\_\_\_  
Life Member \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

MCM Subscriptions \$ \_\_\_\_\_

JRK Subscriptions \$ \_\_\_\_\_

**Dues Late Fee**

Senior \$ \_\_\_\_\_  
Junior \$ \_\_\_\_\_

**Festival Fees**

Adult Festival \$ \_\_\_\_\_  
Junior Festival \$ \_\_\_\_\_

Competition &amp; Entry Fees \$ \_\_\_\_\_

**Scholarships & Awards Contributions**

Founder's Day \$ \_\_\_\_\_  
P.P.A. Dues \$ \_\_\_\_\_  
P.P.A. Contributions \$ \_\_\_\_\_  
P.P.A. Charter Chapter \$ \_\_\_\_\_  
Memorial and Recognition \$ \_\_\_\_\_  
Fund for the Advancement of Musical Arts Fund (FAMA) \$ \_\_\_\_\_

**Outgoing Nat'l President**

Deborah Freeman \$ \_\_\_\_\_  
Past \$ \_\_\_\_\_

**Music for the Blind**

Honigman Award \$ \_\_\_\_\_  
Composition Award \$ \_\_\_\_\_  
Performance Award \$ \_\_\_\_\_  
Benzinger/Valentin Jr Award \$ \_\_\_\_\_

**Music Therapy**

Bullock Award \$ \_\_\_\_\_  
Robertson Award \$ \_\_\_\_\_  
NFMCA/Wilson Award \$ \_\_\_\_\_

**Summer Music Camp**

Camp Name: \_\_\_\_\_ \$ \_\_\_\_\_

**NFMCA Endowment**

Rose Fay Thomas Fellow \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

Other Contributions: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL Amount remitted To National Headquarters \$ \_\_\_\_\_ Date \_\_\_\_\_

I attest that all the information provided above is true and accurate to the best of my knowledge

Signature of Treasurer: \_\_\_\_\_