

HINDA HONIGMAN PERFORMANCE AWARD FOR THE BLIND CA-15-1
Annual Awards - Official Application Form

Please print or type

Name _____

Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

On my honor, I swear that I am an American citizen born on _____ in _____
 (Date of birth) (Place of birth)

OR naturalized on _____ in _____
 (Date of naturalization) (Place of naturalization)

Signature _____ Date _____

Voice _____ Years of Study _____

Instrument _____ Years of Study _____

I learned of this award from: ___NFMC website ___Teacher ___Other _____

I am eligible to enter this contest according to the rules outlined:

As a member of the federated senior _____ Club , or organization for
 the current year of the contest in the state of _____.

As an individual Senior member of the (State) _____ Federation of Music Clubs for
 the current year of the contest.

or

To pay the membership fee of \$50.00 for annual dues visit www.nfmc-music.org/payment.

All required materials must be uploaded to the NFMC site, along with application form, at
www.nfmc-music.org/applicant-file-upload by February 1 of the year of the application.

An entry fee of \$10 is required to be considered for this award. Visit www.nfmc-music.org/payment to pay
 the entry fee.

Bobbye Guyton, National Chair

E-mail: rag2400@aol.com

A panel of judges for each category will adjudicate the recording.

Composition	Composer
1.	
2.	
3.	

In the event of financial shortfalls, advertised award amounts may be adjusted. Applicants will be notified of the award change.
 Winners will be asked to submit their social security number to NFMC treasurer (IRS requirement)