

STATE TREASURER'S SUMMARY FORM

#FI 8-10

State \_\_\_\_\_

State Treasurer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

State President \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 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 & 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  
     Current \$ \_\_\_\_\_  
     Past \$ \_\_\_\_\_  
 Music for the Blind  
     Honigman Award \$ \_\_\_\_\_  
     Composition Award \$ \_\_\_\_\_  
     Performance Award \$ \_\_\_\_\_  
     Benzinger/Valentin Jr Award \$ \_\_\_\_\_  
 Music Therapy  
     Bullock Award \$ \_\_\_\_\_  
     Robertson Award \$ \_\_\_\_\_  
     NFMC/Wilson Award \$ \_\_\_\_\_  
 Summer Music Camp \$ \_\_\_\_\_  
     Camp Name: \_\_\_\_\_  
 NFMC 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: \_\_\_\_\_