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
  - Deborah Freeman $ _____
  - 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. Starting July 1, 2026, email addresses will need to be supplied for each member.

Signature of Treasurer: _____