

NOTE: This form, when completed and signed, should be sent to the Hon. Secretary and Treasurer, Mr. Michael Whitehall, 180 Lynn Road, Wisbech, Cambridgeshire PE13 3EB.

**Private and Confidential**

**THE INCORPORATED ASSOCIATION OF ORGANISTS  
BENEVOLENT FUND**

Founded by Sir Hamilton Harty  
Registered Charity No 216533

Chairman of Trustees: Stephen Cleobury CBE; Hon DMus; MA; Mus B; FRCM; FRCO; FRSCM; FGCM; FRSA

**APPLICATION FORM FOR FINANCIAL ASSISTANCE**

Answers to question numbers 1,2 and 3 to be written in BLOCK LETTERS

- 1 Surname .....
- 2 Forenames .....
- 3 Address .....  
..... Post Code .....  
Telephone No ..... E mail .....
- 4 Date of Birth .....
- 5 Status (please indicate) married, single, widow(er), divorced
- 6 How many persons are dependent on you? Please state the relationship (e.g. wife, children) and in the case of children, give their ages.  
.....
- 7 Name the Organists' Association of which you were a member. Please state the year in which you joined and, if you are no longer a member, when you resigned. A minimum of two years' aggregate membership is required.  
.....  
.....
8. Please give details of a person who may be contacted in case of illness or incapacity. The Secretary should be informed of a change in circumstances, such as a change of address, admission to or discharge from hospital or a change in income.  
Name .....  
Address .....  
..... Post Code .....  
Telephone No ..... E mail .....
- 9 How have you been employed in the last five years?  
.....
- 10 Please state the reason for your present need. As much information as possible should be supplied.  
.....  
.....  
.....  
.....

**(please turn over)**

11 Please indicate your present situation by giving the following details as appropriate: -

**INCOME (per week to nearest £)**

State Pension .....  
Occupational Pension .....  
Housing or other benefit .....  
IAO Benevolent Fund .....  
Dividends .....  
Income from investments .....  
Other (please give brief details below)

**EXPENDITURE (per week to nearest £)**

Rent or Mortgage .....  
Council Tax .....  
Water Rate .....  
Energy .....  
Telephone .....  
Television .....  
Insurance .....  
Subscriptions .....  
Travel (approx) .....  
Food (approx) .....  
Other (please give brief details below)

Total .....

Total .....

**DECLARATION**

I hereby solemnly declare that to the best of my knowledge and belief, the above statements are true in all respects.

*Signature* .....

*Date* .....

**WITNESS TO THE SIGNATURE**

*Signature* .....

*(The Witness must not be any member of the Applicant's family or any person with an interest in the application.)*

*Name (BLOCK LETTERS)* .....

*Address* .....

..... *Post Code* .....

*Telephone No* ..... *E mail* .....

*Signature of the Secretary of Local Association* .....

*Name (BLOCK LETTERS)* .....

*Address* .....

..... *Post Code* .....

*Telephone No* ..... *E mail* .....

*Secretary's Observations* .....

.....  
.....  
.....  
.....