Confidential Application for the Gene Chambers Musicians Crisis Fund

For Members of the Sacramento Blues Society

To assist qualifying SBS musicians who are in financial hardship due to catastrophic events affecting their health and well being.

Name:	Email:
(Last, First)	Date of Birth: Age:
Address:	City:
Zip Code:	Phone #

Have you been a member of the SBS for 6 months or longer? Yes No

Do have medical insurance? Yes No If yes, who is your provider? _____

What is your income for the last 90 days? _____

Why are you applying for the GCEMF? _____Accident _____Illness ____Rx meds _____Family Emergency _____ Other

Please explain:
(Continue on back of page)

Amount Requested: _____

Applicant's signature _____ Date _____

Please send your completed application to:
GCMCF c/o Sacramento Blues Society
P.O. Box 60580
Sacramento, CA 95860-0580

Below if for GCMCF Committee Use ONLY
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Date received: _____ Reviewed Date: _____

Notes/Comments: _____

_____

_____

Recommended/Declined: _____ Chairperson: _____

Date submitted to SBS Board: _____

Reason for denial of funds: _____

Check issued: _____ Date: _____ SBS Treasurer: _____

2/9/09 form revision