



Musicians Health Fund

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MASTERCARD/VISA GNGEVTQP KE PAYMENTS

DATE OF CHARGE ____/____/____

NAME AS IT APPEARS ON CREDIT CARD _____
PRINT

MASTERCARD / VISA ACCOUNT NUMBER _____

SECURITY CODE _____
ON BACK OF CARD

EXPIRATION DATE ON CARD _____

LOCAL 802 MEMBERSHIP CARD # _____

TRANSACTION AMOUNT _____

DESCRIPTION OF CHARGE _____

SIGNATURE OF MEMBER/CARD HOLDER _____

NAME (PRINT)

ADDRESS

TELEPHONE

The Fund will only accept credit cards in the policyholder's name.
Incomplete forms will NOT be processed.
Forms can be returned via the email/fax # listed above or USPS.