



BOSTON MUSICIANS' ASSOCIATION

73 HEMENWAY STREET, SUITE D • BOSTON • MA 02115 • TEL. (617) 670-2224 (BACH) • FAX (617) 670-1896
www.BostonMusicians.org

**THIS LETTER SERVES AS YOUR JANUARY 2025 DUES REMINDER.
NO BILLING STATEMENTS WILL BE SENT DURING JANUARY OF 2025.**

Membership Dues for 2025 - pay for the full year & save

If you think you might qualify for a *change of status* or might have a credit, please call or email (info@bostonmusicians.org) to confirm *before* sending your payment!

Regular Members

→ **Pay only \$167.00** with cash or check *if paid by Feb. 1*
Or pay \$171.00 with credit card *if paid by Feb. 1*
(If paid quarterly through the year, \$44.25 x 4 = \$177)

35-Year Members

(Age 65 yrs. or older *plus 35* years
continuous membership in BMA)

→ **Pay only \$145.00** with cash or check *if paid by Feb. 1*
Or pay \$151.00 with credit card
(If paid quarterly through the year, \$37.75 x 4 = \$151)

50-Year Members

(Age 65 yrs. or older *plus 50* years
continuous membership in AFM)

→ **\$85.00 for the year or \$21.25 per quarter.**
(No early payment discount.)

Disabled Members

(BOD approval required per BMA
Bylaws)

→ **\$119.00 for the year or \$29.75 per quarter.**
(No early payment discount.)

For dues paid in February, no discount applies.
If you are paying for the full year after February 1st,
please pay 4x the standard quarterly rate plus a \$3 late fee.

Payment can be made by mailing a check, calling our office, or online via the AFM website. <https://members.afm.org/payment> Please note the AFM charges a 6% service fee.

Don't forget to check your spam folder for the AFM verification code!





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The lobbying efforts of TEMPO helped secure our pension fund. We would also like to remind you to consider making a voluntary contribution to **TEMPO**, the AFM Legislative Action Fund in Washington, DC.

Please return the bottom section with your remittance & provide updates to contact information.

Please **PRINT CLEARLY** and mail to: BMA, 73 Hemenway St., Suite D, Boston, MA 02115

Name: _____ Date: _____

Address _____

Town _____ State _____ Zip Code _____

Phone: _____ Cell: _____

Email: _____

2025 Membership Dues: \$ _____

Voluntary TEMPO Contribution (AFM Legislative Action Fund)

Please include TEMPO with your dues check: no additional check is needed.

\$5 \$10 \$25 \$ _____ (other amt): \$ _____

TOTAL ENCLOSED: \$ _____

