



**Official Form for Withdrawals from the
Canadian Federation of Music Teachers' Associations Trust Account**

This form must be completed to receive the monies already submitted to Trust Account.

Provincial Organization: _____

Address: _____

Contact Name: _____

Contact Email: _____

Purpose of Withdrawal: _____

Amount Requested: _____

Make cheque payable to: _____

Mail cheque to: _____

Signature of Provincial Representative

Date

When completed please forward to: treasurer@cfmta.org

or

Mail to

Lois Kerr

7 – 6179 No.1 Road

Richmond, BC V7C 1T4

604-274-1980