



Member Groups
Chapter, Professional Practice Group (PPG) & Special Interest
Groups Initial Grant Form

Name of Chapter, PPG, or Special Interest Group

\_\_\_\_\_

Name of President, Secretary, Treasurer or designate applying for grant

\_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ PC \_\_\_\_\_

Email address \_\_\_\_\_

A constitution for the group has been submitted and approved by the SRNA Yes \_\_\_\_\_ No \_\_\_\_\_

Are you receiving other financial assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_

Do you charge membership fees for members? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_

Name, email and phone of contact person for publication in SRNA Newsbulletin, newsletters or website:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Send forms to: Debbie Cummings, Practice, dcummings@srna.org ; fax: 1-306-359-0257

(Maximum support grant available \$300.00)

FOR SRNA USE ONLY

Assistance Granted Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_
Compliance with Policy 12.7; 12.7.1 Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Code: \_\_\_\_\_