



**Member Groups**  
**Chapter, Professional Practice Group (PPG) & Special Interest**  
**Group Annual Operating Grant Form**

Name of Chapter, PPG, or Special Interest Group

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Name of President or designate applying for grant

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Address \_\_\_\_\_

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

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

To receive the grant, please ensure:

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

Is the group receiving other financial assistance? Yes \_\_\_\_ No \_\_\_\_ Amount \_\_\_\_\_

Does the group charge membership fees? Yes\_\_\_\_ No\_\_\_\_ Amount\_\_\_\_\_

The SRNA would like to promote Member Groups in the SRNA Newsbulletin or Connections Newsletter.

Please indicate if the group agrees to provide a 250 word report and or pictures for the SRNA Newsbulletin or Connections Newsletter. (Ensure individuals agree to have their picture published)

Yes \_\_\_\_\_ No \_\_\_\_\_

The contact information for the group is up to date on the SRNA website Yes\_\_\_\_ No\_\_\_\_

Indicate changes to name, email and phone number of contact person:

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

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

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

(Maximum support grant available \$250.00)

**FOR SRNA USE ONLY**

Assistance Granted Yes \_\_\_\_ No \_\_\_\_ Amount \_\_\_\_\_  
 Compliant with Policies 12.7; 12.7.1 Yes \_\_\_\_ No \_\_\_\_ Date of contact \_\_\_\_\_

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

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