



Member Groups Professional Practice Group (PPG) & Special Interest Group Annual Education Form

Name of PPG or Special Interest Group

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

Address

Phone _____ Fax _____ PC _____

State how the education grant will be used by the group.

**Please ensure meeting minutes, financial statements, and a current list of the group's executive has been submitted to the SRNA.

Date _____ Signature _____

Please complete this form and return it to the SRNA office.

You can fax, mail or email form to: Lesley Stronach, Member Linakges, Practice Assistant

Fax: (306) 359-0257 or email: links@srna.org

(Maximum support grant available \$250.00)

FOR SRNA USE ONLY

Assistance Granted Yes _____ No _____ Amount _____

Compliant with Policy 12.7; 12.7.1 Yes _____ No _____

Date _____ Signature _____

Code: _____