



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

Name of 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 number of contact person for publication in the SRNA

Newsbulletin, newsletter or website:

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

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

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

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

(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

\_\_\_\_\_