



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

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

Please complete this form and return it to the SRNA office.
You can fax, mail or email form to: Lesley Stronach, Executive Assistant, SRNA
Fax: (306) 359-0257 or email: lstronach@srna.org

(Maximum support grant available \$250.00)

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Assistance Granted Yes No Amount
Compliance with Policy 12.7; 12.7.1 Yes No
Date Signature
Code