

SCSMA Member Assistance Fund Application (**return to the State President by November 1** of current year)

An applicant should not apply consecutive years for this assistance.

Name _____ Member # _____

Address _____

Telephone number _____ Email Address _____

Chapter affiliation _____

(Please attach a copy of your AAMA membership renewal application (will not be processed without this)

Please give a brief description of the reason for the fund assistance:
