



*For marketing  
only*

## Marketing Funds Request

**Date:**  
**Need By Date:**

**Name of Association, Council or Region:**

**Name and address of person submitting the form:**

**Amount Requested:**

**Purpose of Request:** Please give a brief description of what the funds will be used for –  
attach documentation if appropriate

**Please give a brief description on what you feel the benefit to the association would be.**

*(Membership drive)*

This form needs to be submitted at least 30 days in advance to the President Elect