

HARDSHIP APPLICATION

SECTION I – APPLICANT INFORMATION

Name:		Phone:	
Company:		Email:	
Address:			
City, State		Zip Code:	

SECTION II – HARDSHIP SITUATION

Please give a brief explanation of your hardship so that we may understand your situation.

SECTION III – BOARD COMMENTS

SECTION III – BOARD DETERMINATION

_____ <i>Chair</i>	_____ Date				
_____ <i>Vice Chair</i>					
_____ <i>Sec./Treas.</i>					
_____ <i>Board Mbr.</i>	<table border="1"><tr><td><input type="checkbox"/></td><td>Approved</td></tr><tr><td><input type="checkbox"/></td><td>Disapproved</td></tr></table>	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved
<input type="checkbox"/>	Approved				
<input type="checkbox"/>	Disapproved				
_____ <i>Board Mbr.</i>					

This hardship application is meant to help members on a short-term basis and is by no means an extended method of exception for payment of services rendered.