



MEMBERSHIP ENRICHMENT PROGRAM

DATE: _____
NAME: _____ **PHONE:** _____
MAILING ADDRESS: _____
EMAIL: _____

Are you a member of the Board of Directors? YES OR NO

Are you serving as a Committee Chair? YES OR NO

EVENT OR CLASS NAME REQUESTED FOR REIMBURSEMENT:

AMOUNT REQUESTED _____

Criteria requirements for any education:

A Primary or Secondary Board Member may apply for reimbursement. Upon completion, submit registration receipt(s) and certificate(s) of completion.

Criteria requirements for State or National events:

A Primary or Secondary Board Member may apply for reimbursement. Member must currently sit on the Board of Directors, chair a committee or be an active member on a task force / committee. Upon completion of event, submit registration receipt(s) and certificate(s) of completion.

In the event that requests exceed available funds, the Board of Directors will make the final decision based upon who meets the outlined criteria best. Funds may be prorated and full reimbursement is not guaranteed.

The Board of Directors and employees of SWIAR are not responsible for non-payment due to fund availability or errors on the reimbursement application. All applicants must be current on all fees / member dues.

I HAVE READ AND AGREE TO THE ABOVE STATEMENTS. I UNDERSTAND THAT REIMBURSEMENT IS ON A FIRST COME FIRST SERVE BASIS SUBJECT TO REVIEW BY THE BOARD OF DIRECTORS AS FUNDS ARE LIMITED.

SIGNATURE

DATE

FOR BOARD OF DIRECTORS ONLY:

Review Date: _____ **Amount Approved:** _____ **Board Membership Confirmed** _____