

SUBMITTED BY:		DATE SUBMITTED:			
ASSOCIATION NAME			CURRENT NO. OF MEMI	3ERS	
EXECUTIVE OFFICER'S NAME			FULL-TIME OR PART-TIM	1E EO?	
HAS THIS EO ATTENDED THE PDF IN THE PAST? IF YES, WHAT YEAR(S)?	WHEN WAS THE LAST YEAR YOUR ASSOCIATION'S EO ATTENDED THE PDF?		HOW LONG HAS THE CURRENT EXECUTIVE OFFICER BEEN IN THE POSITION?		
PRESIDENT'S NAME			ANNUAL REVENUE		
PRESIDENT'S EMAIL	PRESIDENT'S PHONE		E FISCAL SURPLUS (DEFIC	FISCAL SURPLUS (DEFICIT)	
HOW DOES OR WILL YOUR ASSOCIATION SUPPORT YOUR EXE (I.E. HOW IS YOUR ASSOCIATION SUPPORTING YOUR EO IN TH			O YOUR ASSOCIATION THIS YEAR?		
WHY IS YOUR ASSOCIATION REQUESTING FINANCIAL ASSISTAN	NCE?				
DO YOU INTEND TO BUDGET TO SEND YOUR EO TO FUTURE F	PDFs? PLEASE EXPLAIN FUTURE PLANS.				
ABLE TO SHARE HOTEL ACCOMODATIONS? YES	NO	2023 FINANCIAL ST	TATEMENTS ATTACHED (REQUIRED)	YES N	0
Prefered roommate:					
PRESIDENT'S SIGNATURE		EXECUTIVE OFFICER	'S SIGNATURE		