



Serving, Sharing, Supporting

Disaster Relief Application

Submit Application To:
Cheryl Richards – NSA PSBF Staff Liaison
– Cheryl@NSAspeaker.org

Date: _____

Applicant's Full Name: _____

Current Address (Where to mail emergency fund check, especially if a temporary address):

Does the check need to be mailed care of anyone else to get to them? Yes No

Applicant's Contact Number: _____

Applicant's Email: _____

What is the applicant's current situation?

Is the \$1,000 Assistance Needed? Yes No

Additional funds might be available to this member through the NSA Professional Speakers Benefit Fund. Do you recommend this applicant be considered for additional assistance?

Yes No Not Sure

Name and phone number of member contacting the applicant and submitting this report:

_____ Please initial that you are opting in to provide your personal information to the Disaster Relief Committee.