



MEMBERS IN ACTION

Fraternal Council Sponsorship Application

Council Number and City _____

Person to Contact _____

Mailing Address _____

Telephone # _____ Cell Phone # _____

Email _____

Event/Project Date _____

Name of Benefiting Group/Organization _____

Describe the objective of the Event/Project for which you are seeking funds:

How are you going to implement promoting PFSA?

Fraternal Council will provide man power, hours of volunteer work, prepare meals etc.

Please describe: _____

Members in Action

Do you need marketing tools (i.e. PFSA aprons, signage, etc.)?

Would you like assistance from PFSA?

PFSA Sponsorship Request

Amount Requested \$ _____

(Fraternal Council will be eligible to a total amount **UP TO \$500.00** from September 1 to August 31 of each year)

Check will be payable to the Fraternal Council.

Comments: _____

Important: Please email a copy of the Minutes with the motion approving the Project and the projected costs, if any.

Date

Fraternal Council President

Date

Fraternal Council Secretary

Please Email application and supporting documents to:

Jerry.Escobar@mypfsa.org