

# Membership Assistance Program (MAP) Application

## District Lodge #1, Sons of Norway

Name and number of Lodge: \_\_\_\_\_ Zone: \_\_\_\_\_

City/State: \_\_\_\_\_

Date of MAP event: \_\_\_\_\_

Description of MAP event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Will the MAP event be coordinated with Marketing Department New Member Seminar Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Goal of MAP event: \_\_\_\_\_

Anticipated number of prospective members: \_\_\_\_\_ Members: \_\_\_\_\_

Action plan steps: (not including date and location. Use another page if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lodges may apply for two MAP grant each year

Lodges may coordinate a MAP event with the S/N Marketing Department however, only the District will provide support for the program.

Signature of Lodge President \_\_\_\_\_ Date \_\_\_\_\_

Send MAP application to District President, with a copy to your Zone Director. All Grants must be approved by District 1 Executive Committee.

Plan 60-120 days in advance. Executive Committee approval may take up to 30 days, depending on when they meet.

# Membership Assistance Program Final Report

Complete this report and send to the District President within 60 days of your event.

1. Lodge \_\_\_\_\_ City \_\_\_\_\_

2. Date of Membership Event \_\_\_\_\_

3. Number of guests attending \_\_\_\_\_ Members attending \_\_\_\_\_

4. How many new members joined \_\_\_\_\_ How many prospects \_\_\_\_\_

5. List New (not transfers) Adult Members (within 45 days after the event date.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

\* Please attach any brochures or programs you used

6. Any personal observations you want to share?

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Send reimbursement to: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_