

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 S/N Marketing Department? 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 grants 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.. Addresses can be obtained from your Zone Director. All Grants must be approved by District 1 Executive Committee prior to the event. 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 still might _____
5. List New (not transfers) dues paying Adult Members (must be registered within 45 days after the event date.) If joining under a family membership, only dues paying adults qualify. Lodges will be reimbursed \$20 for each new dues paying Adult member.

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?

Send reimbursement to: Name _____

Address _____ City _____ Zip _____