## 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 w Yes No	ith Marketing Department New Member Seminar Program?
Goal of MAP event:	
Anticipated number of prospective me	embers: 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 provide support for the program.	with the S/N Marketing Department however, only the District wil
Signature of Lodge President	Date
	sident, 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 Adult Members, or Transfers from #999 or #000 and mail within 45 days after the event date. Transfers from lodges not eligible for this program. 6. \_\_\_\_\_ \* Please attach any brochures or programs you used 6. Any personal observations you want to share? Send reimbursement to: Name

Address City Zip