

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: _____

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

Signature of Lodge President _____ Date _____

Send / email the MAP application to District Vice President, with a copy to the Treasurer. 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.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

* Please attach any brochures or programs you used

6. Any personal observations you want to share?

Send reimbursement to: Name _____

Address _____ City _____ Zip _____