

**Chevron Retirees Association
Application for Reimbursement
for Membership Solicitation**

Complete and send to Area VP for approval.

Date: _____ **Chapter:** _____

Expenses: Postage: \$ _____

Printing: \$ _____

Other: \$ _____

Total: \$ _____

Type of Solicitation:

Number of Non Dues-paying Contacts:
(letters, newsletters, brochures, etc.) _____

Number of New Members: _____

Cost per Contact: \$ _____

Cost per New Member: \$ _____

Reported By:

Name and Position: _____

Approved By Area VP: _____ **Date:** _____

Make Check Payable to: _____

Send Reimbursement to:

Name and Position: _____

Address: _____

City, State Zip: _____

Send To: Pat Branson
CRA Treasurer
109 Creekview Lane
Crandall TX 75114