Chevron Retirees Association
Application for Reimbursement
for Membership Solicitation

Complete and send Application and Receipts to Area VP for approval.

Date: _____ **Chapter:** _____

Expenses: Postage: _____

Printing/Copying:
Pages @$0.034/Page _____ _____

Materials & Supplies/Other: _____

Total: _____

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: Kevin Kelly, chair - budget & finance
5110 Alderfeild Place
Unit 15
West Vancouver, BC
V7W 2W7
kemk24@gmail.com

Kathy Henschel, chair - membership
108 Poppy Ct.
Walnut Creek, CA
94596
kghenschel@gmail.com

Budget Review _____
Initials - Date