



ST. LOUIS REGIONAL CHAPTER

# MEMBERSHIP DRIVE REIMBURSEMENT APPLICATION



## REFERRING MEMBER INFORMATION (REQUIRED)

Referring Member's Name: \_\_\_\_\_

## CHAPTER MEMBER INFORMATION

Name \_\_\_\_\_

Address (for reimbursement) \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## REIMBURSEMENT REQUEST

I am requesting reimbursement for 50% of my national ASPMN dues, not to exceed \$75.

I have attached my receipt or proof of payment.

Total National ASPMN Dues Paid \$ \_\_\_\_\_

Requested Reimbursement Amount \$ \_\_\_\_\_

(50% of dues paid, up to \$75)

## ELIGIBILITY REQUIREMENTS

- ☐ Applicant must join the ASPMN St. Louis Regional Chapter. There are no chapter dues.
- ☐ Applicant must submit this reimbursement request form.
- ☐ Applicant must provide a receipt or proof of payment for national ASPMN dues.
- ☐ Reimbursement is limited to 50% of national dues paid, up to a maximum of \$75.

## CHAPTER PARTICIPATION REQUIREMENT

- ☐ By submitting this request, I understand that reimbursement requires attendance at two ASPMN St. Louis Regional Chapter meetings within the next 12 months. Meetings may include business meetings or virtual education programs. I understand and agree to the chapter participation requirement.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this completed form along with your receipt or proof of payment:  
Email to: [DunajcikLM@aol.com](mailto:DunajcikLM@aol.com) OR Mail to: Linda Feinberg, ASPMN Treasurer,  
204 Elm Valley Court, Webster Groves, MO 63119

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