



Serving, Sharing, Supporting

PROFESSIONAL SPEAKERS BENEFIT FUND APPLICATION

Please email this completed form to NSAFCares@NSAFoundation.org

Date:

Your Name:

Address (**Where the relief check should be sent**):

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip:

Email Address:

Phone Number:

What is your current situation? (Please attach supporting documentation with your application if more space required.)

How will the funds be used?

E-Signature Required:

Acknowledgement Required:

☐ I understand that that through the submission of this application, my personal information will be shared with members of the PSBF Committee.

For Committee Use Only

Funds approved ☐ Yes ☐ No Amount \$_____

NSAF to pay annual NSA dues ☐ Yes ☐ No

Applicant has been contacted: ☐ Yes ☐ No

Date:

By: