

Funding request for Membership Initiatives

DETAILS:				
Club				
Name of Officer Requesting Funding				
Committee:				
Details of the Membership Initiative:				
Date of Event	Location			
List your costings;				
Total amount requested (this must not exc	ceed £150)			
Will your Club require Membership & Marketing materials from District?			Υ	N
Will you require any assistance from the District Membership & Marketing Team? Y				N
NOTE: You will be required to submit invoidays after the event.	ices / receipts with a summary o	of the initi	ative wit	hin 14
Club Bank Details: Name of account:	Sort Code:	Account I	Number:	
Please forward this application to: membe	rship@rotaryeastanglia.co.uk			
Signed and dated: Club President / President	ent Elect:			
Authorised (Paul Wilkinson or Robert Lovie	ck):			