



**CMPA
REQUEST FOR FUNDS FORM**

**CMPA
Constitution and Bylaws
Bylaw 3 – Annex A**

A. REQUESTING MEMBER'S INFORMATION					
<input type="checkbox"/> Regular Force		<input type="checkbox"/> Reserve Force		<input type="checkbox"/> Associate Member /Civilian Member	
Surname		Given Names			
SN	Rank	Badge #	Current Unit:		
Base/Location:					
CMPA Membership (Requester) Are you a member of the CMPA in good standing? <input type="checkbox"/> YES # _____ <input type="checkbox"/> NO <input type="checkbox"/> Don't Know					
B. EVENT OR ACTIVITY					
DATE:			ACTIVITY TITLE:		
DESCRIPTION OF ACTIVITY					
C. PARTICIPANTS					
Number of participants (actual or estimated) attending this event? CMPA Members _____ Others _____ Total _____					
D. CMPA FUNDS					
Amount of CMPA Funds Requested (in Canadian Funds) \$ _____ How will the CMPA funds be used					
E. JUSTIFICATION AND SUBSTANTIATION					
F. PREVIOUSLY FUNDED					
Has the event been previously funded and if so, how much was requested, provided and returned to the Association?					
G. ACCOUNT INFORMATION					
Account to which any CMPA cheque is to be payable. _____ (CMPA prefers not to make cheques payable to individuals). PayPal is an option also. Indicate if you wish to have a cheque or PayPal					

Signature _____ Date: _____