

**Chevron Retirees Association  
Application for Reimbursement  
for Membership Solicitation**

Complete and send to Area VP for approval.

**Date:** \_\_\_\_\_ **Chapter:** \_\_\_\_\_

**Expenses:** Postage: \$ \_\_\_\_\_

Printing: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**Type of Solicitation:**

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:** Pat Branson  
CRA Treasurer  
109 Creekview Lane  
Crandall TX 75114