Associate Membership Committee

AMC Training Funds Application

Return form no later than June 15 for Annual Meeting consideration and December 15 for Interim Meeting consideration.
*Funds will only be made payable to the jurisdiction submitting the request.

CONTACT INFORMATION				
Date:	Full Name:			
Title:		Company/Agency:		
Street Address:				
City:		State:	Zip Code:	Country:
Phone Number:	Fax Number:		Email Address:	

GENERAL INFORMATION	
Amount Requested: $	Number of Individuals to be Trained:
Training Location:	Training Dates:
Explain (specifically) how the funds will be used:	
Is this in conjunction with any other meeting? ☐ Yes (please explain) ☐ No	
Justification:	
Did you request funds last year? ☐ Yes (see next question) ☐ No	
If you were approved last year, did you use your funds? ☐ Yes ☐ No (please explain)	
Has your jurisdiction participated in the Voluntary Quality Assurance Assessment? ☐ Yes ☐ No	

Return form to: don.onwiler@ncwm.com