



THSBOA Member's Assistance Fund

\_\_\_\_\_ Season

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Chapter \_\_\_\_\_

THSBOA Member Yes                  No

Member's Assistance Fund Request Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requirements;

Available only for family of THSBOA member; Spouse, children, parents

Funds only available for Texas residents

Can only apply for and receive assistance every other year

Form accessible from THSBOA Rep.

Please submit completed form to;

Local THSBOA Representative for evaluation