

**Wyoming Peace Officers Association
Fund Request**

Person Making Request _____ Date of Request _____

Member * () Non-Member () Explain: _____

Name of Organization/Representative:

Check to be made out to: _____

Deliver To: _____ Delivered By: _____ U.S. Mail _____

Mailing Address: _____

Amount Requested: \$ _____ Purpose of Request (Be Specific) _____

.....
Secretary/Treasurer Report:

*Membership in Good Standing Yes: () No: ()

Verification Made By: _____ Title _____ Date _____

Comments _____

.....
Executive Board Decision:

Amount Decided: \$ _____ Date _____

Pass () Do Not Pass ()

.....
Treasurer : Check Number _____ Date Paid _____ Paid To: _____

Mail request to: Wyoming Peace Officers Association, P.O. Box 1923, Rock Springs, WY 82902