

**Professional Practice Group (PPG)
Annual Operating Grant Request Form**

Name of PPG

Name of President, Secretary, Treasurer or designate applying for grant

Address _____

Preferred phone _____ Email address _____

Has a constitution for the group been submitted and approved by the CRNS?

Yes _____ No _____

Are you receiving other financial assistance? Yes _____ Amount \$ _____ No _____

Do you charge membership fees for members? Yes _____ Amount \$ _____ No _____

Is the contact information for the group up to date on the CRNS website?

Yes _____ No _____

Indicate changes to name, email, and phone number of contact person:

Date _____ Signature _____

Please complete this form and email it to links@crns.ca.

Note: Maximum support grant available is \$500.