



2019 State Meeting Registration Award Application

Name: _____

Network: _____

Women's Council Member Since: _____

- 1) Please submit an essay: What impact will this assistance have on your Network? (See page 2)
- 2) Please attach a current copy of your Network's latest bank statement, most recent profit and loss and balance sheet. Consideration will be given to those Networks in most need of assistance.

Date: _____ Signature: _____

Must be submitted to State President 30 days prior to State Meetings
or it may not be considered

Fiona Theseira

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Reason for Request

What plans does the Network have to improve the financial condition for the future?

Are tax filings current and insurance in place? _____

Have all officers been reported to National? _____

Other considerations:
