Active 20-30 Club Member Disaster Relief Application

Date(s) of Loss: _____

Member Name: _____

Club #: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Address of Affected Home: _____

City: _____ State: _____ Zip Code: _____

Approximate Value of Loss: $_____

Description of Loss: _____

_____

_____

_____

_____

_____

_____

_____

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_____

Please submit attachments if applicable such as a FEMA letter