



NEW JERSEY STATE CHAPTER NJ CARES COMMITTEE
for NJ P.E.O. HOME FUND
APPLICATION FOR DUES SUBSIDY REIMBURSEMENT FOR YEAR 20__

Instructions:

Deadline is April 1st.

1. All applications from local chapter must be submitted together to the current Chairman of the New Jersey CARES Committee. **Refer to the 'Directory of State Officers and Committees' located on the NJ State Website or in local chapter president's supplies*
2. If approved, a check totaling the amount of this year's International Chapter and state chapter dues will be mailed to the local chapter.
3. Please complete all sections and retain a copy for the local chapter file.

Application:

Date _____

Applicant's Name _____ Age _____

Address _____

Chapter _____ Number of Years a P.E.O. _____

Reasons for current need:

- _____ Infirm and in care facility or home with caregiver
- _____ Without funds, on Medicaid or other support programs
- _____ Suffering from dementia and unable to make decisions
- _____ Other (Please explain on reverse side)

Has Chapter paid dues for this member in the past? No _____ Yes _____

If yes, how many years? _____

Total number of chapter members needing subsidy for this year? _____

Date of Chapter approval: _____

Date

President (Signature)

Recording Secretary (Signature)

Treasurer (Please Print)

Treasurer Address

Treasurer Email

Treasurer Phone