

Name of State Association:

Individual Name on EIN:

Address of above individual:

NAEA Application for State Association Start-Up Cost Reimbursement

NAEA is proud to support the efforts of our State Associations! Please complete this application and include the necessary required documents for consideration for a \$500.00 reimbursement towards your state association start-up costs.

List Board of	Directors:				
Full Name	Board Position	Title	Email	Phone Number	Mailing Address

S	statement of Need (200 words or less):
I	f approved, name and address for NAEA fund distribution:
	Please submit application with the required documentation. Please note that incomplete applications or applications without the necessary documentation will not be considered.
F	Required documents: • Minutes of initial board meeting
	Mission and Vision StatementState Association By-Laws
	EIN approval letter