



Dues Assistance Request

Member Name:

Member #:

Member Address (include phone # and e-mail address also):

Parish/City

Chapter Name:

Chapter #

Province:

Are you a DAL?

Have you ever requested dues assistance previously at any level of The Order?

Please provide a brief explanation regarding your need for Dues Assistance:

Member Signature_____

Chapter Pres./DAL Chair signature_____

Approved__ Not Approved__

Diocesan Pres. Signature_____

Approved__ Not Approved__

Province Pres. Signature_____

Approved__ Not Approved__

(If funds are not available at Chapter, send this request form to the Diocese with Chapter Pres. signature. If funds are not available at the Diocese, send this request form to the Province.)