

SDSA Member's Name: _____

Relationship to Member: _____

SDSA Club Affiliation: _____

Nature of Hardship Experienced (ie medical bills, house fire, family member in the hospital, etc) attach sheet if more space is needed

SDSA Club Officer's Name: _____

Date _____

Send to Mary Anne at sdsa@itctel.com or P O Box 206 Gary, SD 57237