

DISASTER APPLICATION FORM

Mail to: Crystal Sistrunk
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Note: All claims must be filed within three (3) months after the disaster.

Name of Member _____

Address _____

PhoneDay/Night _____ Cell _____

Membership No. _____ Dues paid thru _____

Auxiliary No _____ Location _____

Disaster Information:

Date of Disaster _____ Address of Disaster _____

Type of Disaster (describe in detail and submit all documentation):

President and Treasurers Use Only

Date Approved _____ Approved by _____
(Department President's Signature)

Date Paid _____ Check No. _____ Amount _____