



TEXAS EMERGENCY FUND
ALA DEPARTMENT OF TEXAS
P.O. Box 140407, Austin, TX 78714
Phone: 512-476-7278
mapminmol@gmail.com

APPLICATION FORM

MEMBER NAME _____

MEMBER ALA/AL/SAL NUMBER (if available) # _____

MEMBER UNIT/POST/SQUADRON NUMBER & LOCATION _____

MEMBER ADDRESS of RECORD _____

CURRENT RESIDENCE (if different) _____

MEMBER CONTACT PHONE # _____

AMOUNT OF FUNDS/ITEMS REQUESTED \$ _____

Item Descriptions _____

HAVE YOU APPLIED FOR AEF/NEF ASSISTANCE? (Circle one): YES NO NOT YET

(AEF- Auxiliary Emergency Fund)

(NEF - National Emergency Fund)

Please explain your situation in the space below:

(Please use other side if needed)

Other assistance that has been requested/expected:

Date: ____ - ____ - ____

Signature: x _____

For Internal Use Only Approved by: _____ Date: _____ Payable to: _____ Amount: _____ Date Sent: _____
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