



Assured Life Association

Chapter Web Assistance Program

Request for Assistance

Chapter Name & Number: _____

Or

District Name & Number: _____

Officer Name & Position

Submitting request: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Chapter or District

Website Address: _____

(If in the development stage, proposed website address)

Amount Requested (up to \$200): _____

(Please attach supporting document for amount requested; invoice; cost proposal from company providing domain or hosting, etc.)

Agreement: Our Chapter or District agrees to include www.assuredlife.org as a link on its homepage and hereby requests that Assured Life include our Website address on its homepage.

Signature of Officer submitting request

Date

Send all requests to:

Assured Life Association
Attn: Jerry Christensen
PO Box 3169
Englewood, CO 80155
jlc@assuredlife.org