

# PVDA INSURANCE APPLICATION

The \_\_\_\_\_ would like to request insurance  
(Chapter)

coverage for \_\_\_\_\_ that will be held  
(Type of event)

at \_\_\_\_\_ in \_\_\_\_\_  
(location) (city and state)

on \_\_\_\_\_.  
(date)

This event

- Will
- Will Not

allow PVDA nonmembers to participate.

Other Comments:

Signed

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(position)

\_\_\_\_\_  
(date)

Please mail this application to Betty Thorpe, 2208 Washington Ave #101A, Silver Spring, MD 20910 at least two weeks prior to the date of the activity. For further information, you may contact her by phone at 301-562-0798 or email [Bsthorpe@aol.com](mailto:Bsthorpe@aol.com).