



AHRMA Benevolent Fund Application

Instructions: (Interactive pdf form. Fill out, print out and mail in, or fill out, and email)

Date of application _____

Name _____ AHRMA Membership number _____

Address _____ City/State/ZIP Code _____

Daytime phone _____ Evening phone _____ Fax _____

Mobile phone _____ Email _____

Date and location of event: _____

Time and description of incident:

Injuries incurred:

Name of AHRMA official reported to: _____

Witnesses: _____

Insurance company name and policy number: _____

Reason for request:

Information in this request, though confidential, may be subject to verification by the
AHRMA Benevolent Fund Committee

Complete this form and mail, email or fax to: AHRMA National Office, 49 Ferguson Lane, Elora, TN 37328;
phone 888.412.4762 or email to craig.grantham@ahrma.org