BACDSC TRANSPORTATION ASSISTANCE PROGRAM EFFECTIVE IN JANUARY 2023

TEMPORARY APPLICATION FORM

Please print your full name:_____

VP number:_____Email:_____

Please honestly answer each question by circle yes or no.

Are you a member of BACDSC? Yes No Not Sure

Do you live alone? Yes No

If not, who lives with you? _____

Where do you live? _____

Can you drive a car? Yes No

If not, who takes you to the event? Spouse Family Friend

Uber Lyft Bus

You understand it is your responsibility to give us your receipt or proof of payment. We will reimburse you $15.00 per event.

_____ Date:_____

Signature

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date from Received:_____ ☐ Approved ☐ Denied

Signature of reviewing committee members

Name:_____

Name:_____

Name:_____