**Association of Government Accountants Guam Chapter**

**YOUNG PROFESSIONAL MEMBERSHIP REIMBURSEMENT REQUEST FORM**

**Program Year 2022 – 2023**

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| --- | --- | --- | --- |
| AGA Member Name: |  | AGA Member No: |  |
| Mailing Address: |  | | |
| Email Address: |  | Mobile No: |  |
| Current Employer: |  | Job Title: |  |

**Requirement Checklist & Documents Required**

(Please check REQUIREMENTS below and submit ALL required supporting documents as part of your application to facilitate an expeditious review.)

1. \_\_\_\_\_\_\_\_\_ Member is a Young Professional; and
2. \_\_\_\_\_\_\_\_ Personally or company, paid AGA Membership Fee of $50.00. (Please attach copy of the registration invoice and receipt.)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the information and documents provided in this application from is true and correct. Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION COMMITTEE REVIEW & RECOMMENDATION FORM**

\_\_\_\_\_\_\_\_ Applicant is an AGA Member under the Young Professional category.

\_\_\_\_\_\_\_\_ Applicant submitted registration invoice and receipt

Reimbursement Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed and Approved by Membership Committee Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Form Effective: 08/30/2022 | 1

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