



AMNESTY INTERNATIONAL USA

Vigilant Justice
securing human rights
in today's world
The 2004 Annual General Meeting
April 16-18, 2004* Brooklyn, New York



AGM 2004 ACTIVIST MEMBER SUBSIDY APPLICATION FORM

Complete, send, fax, or submit the completed form to your REGIONAL Office.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

1) Region (select one)

- MidAtlantic Northeast West
MidWest South

If you are not sure what region you are in, check here

2) What best describes your Member/Volunteer Position?

- Donor Member
Student Group Leader School:
Local Group Leader AI Group number:
Area Coordinator (AC)
Student Area Coordinator (SAC)
Regional Planning Group (RPG)
State Anti-Death Penalty Coordinator (SDPAC)
Co-Group Coordinator Country/Region:
Steering Committee Member or Advisory Committee
which?
Other (Please specify):

3) Are any of the AIUSA programs above helping to fund your travel to the AGM?

- Yes No

If so, which program(s)?

4) When was the last time you attended an AGM?

- First time
AGM 2002 or 2001
AGM 2000 or 1999
AGM 1998 or 1997
AGM 1996 or before

5) When was the last time you attended a regional conference?

- This year

- 2002 or 2001
- 2000 or 1999
- 1998 or 1997
- 1996 or before

6) SUBSIDY AMOUNT

Estimated cost for your transportation? \$ _____

Source: _____

Subsidy requested: \$ _____

7) Would you be able to attend the AGM without subsidized travel? Yes No

8) Will you be fundraising for addition travel funding? Yes No

9) Please indicate the most reasonable and economic means of transportation.

- Car Air
- Bus Train

10) Are other members joining you in a carpool?

- Yes No N/A

If so, how many members will you like to bring to the AGM? _____

Additional comments/considerations: _____

Please call REGIONAL staff if you have questions as you complete the forms.

Mid Atlantic: Imelda Tiongson: 202.544.0200

Mid West: Audrey Randall: 312.427.2060

Southern: Pamela Johnson: 404.876.5661

Western: Kathy Brown: 310.815.0450

North East: Bonne Knipfer: 617.623.0202

STAFF USE ONLY:

Amount awarded to applicant: \$ _____

Total budgeted subsidy: \$ _____

Date: ____/____/____

Staff Contact (please print):

Staff Signature: _____