



Fellowship of Reconciliation
521 N. Broadway, Nyack, NY 10960
(845) 358-4601 affiliate@forusa.org

Application to become a chapter of FOR

To affiliate with the Fellowship of Reconciliation, a prospective group must fill out the following application, ensuring that the form is signed by at least two people who are FOR members (having signed the FOR Statement of Purpose). Please print out this application form, fill it out, and mail it to: Affiliation, FOR, Box 271, Nyack, NY 10960. Please do not copy and paste the form to email; we need the application with your signatures sent via postal mail or as an email attachment. Upon receipt of your application by the national office staff, the group will receive a letter officially responding to the request to become a chapter of FOR. New chapters will receive additional material from the national office.

Name of local group: _____

Name of key contact person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number of key contact: home: _____ work: _____

Best times to call: _____ home: _____ work: _____

Email Address: _____

Group Website: _____

Date of group's founding: _____

Officers or Steering Committee Members (must be FOR Members):

Group Priorities:

Planned Activities:

Estimated Annual Budget: _____

Other information: _____

We understand that before our group can complete the Application for Affiliation and officially be recognized as a local group it must have the following characteristics and communicate these in writing to the national FOR:

Our group has 10 or more active members or participants. Please provide their names and contact information.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

We have completed or have scheduled one or more community events per year

We actively seek diversity within the group and within the governing body (including age, race, faith, gender, economic status, etc.)

We are working on the following national FOR programs:

1. _____
2. _____

We have developed bylaws for the group

We are an interfaith group, welcoming people of all faiths

Our local group hereby agrees to cooperate with the bylaws of the Fellowship of Reconciliation as set by the FOR National Council, with the expectations for local groups and affiliates established by the national FOR office, and to the principles of the FOR as defined in the FOR statement of purpose.

Signed _____
Name (print) _____
Date _____

Signed _____
Name (print) _____
Date _____

Please ensure that this form is signed by at least two FOR members (Individuals join the FOR only by signing the FOR Statement of Purpose.) Please also attach sample copies of any available materials about your group (e.g. newsletters, fliers, etc.).

Return to:

Local Group Application
Fellowship of Reconciliation
P.O. Box 271
Nyack, NY 10960

Upon approval of your application, you will receive a letter officially recognizing your group and an invitation to the National office in Nyack, NY confirm membership and to meet National Council Members and Staff. We thank you for your application and look forward to working with you!

National Office use only Received by: _____	Reviewed by: _____	on _____
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