

Chapter Application for Organizations

INSTRUCTIONS: Thanks for your interest in starting an Urban Life Training Chapter! Please return this completed application along with the signature sheet from your Urban Life Training Chapter Director's Agreement to: Urban Life Training, PO Box 291, Charles Town, WV 25414

	on Information	Date
	State: Zip C	
Phone	Alternate Phone	
Fax Number		
	act Person Inform	
Address:	Drivers Lice	nse #
	Social Security	y #
City	State: Zip C	Code:
Home Phone	Work Phone	
Fax Number	Cell Phone	

Which phone number will be your primary Urban Life Training contact number?

B. Organization Urban Life Training Team Please find at least

2 people in your organization to assist you. Please list at least two team members who have agreed to help you below.

Name

1. 2. Phone

D. General Information

1. How did you learn about the Urban Life Training program?

2. Please list any previous abstinence education, community service, mentoring or other relevant experience.

3. Why do you feel motivated to begin Urban Life Training in your area?

4. What geographic area or constituent group will the local Urban Life Training Chapter serve initially?

5. What would you suggest as a name for your Urban Life Training Chapter? Examples are "Northwest Urban Life Training Chapter", "Washington State Urban Life Training Chapter", or "Rising Star Baptist Church Chapter".

6. Please list the hobbies and interests as well as other organizations, clubs or religious groups that your group members may be a part of below.

7. Do you have a computer? Place an X:	YES	NO
8. Do you have access to the Internet? Place an X:	YES	NO

E. Signature

I hereby certify that the information provided in this application is complete and accurate to the best of my knowledge.

Signature	Date
Signature	Date