



Chapter Application Form

Name of Chapter: _____

Date of application: _____ Date of founding meeting: _____

Location of founding meeting: City: _____ Province: _____

Name of Initial Chair: _____ CARM #: _____

Signature: _____ Email: _____

Address: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____

Name of Initial Secretary:* _____ CARM #: _____

Signature: _____ Email: _____

Address: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____

Name of Initial Treasurer:* _____ CARM #: _____

Signature: _____ Email: _____

Address: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____

(* Secretary and Treasurer positions may be combined and in some cases are optional. See Chapter Rules and Guidelines.)

Names and signatures of 5 members:

Name: _____ Signature: _____ CARM #: _____
(please print)

Name: _____ Signature: _____ CARM #: _____
(please print)

Name: _____ Signature: _____ CARM #: _____
(please print)

Name: _____ Signature: _____ CARM #: _____
(please print)

Name: _____ Signature: _____ CARM #: _____
(please print)