



## 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

### A. Organization Information

Organization Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

### B. Main Contact Person Information

Name \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Drivers License # \_\_\_\_\_

\_\_\_\_\_ Social Security # \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best time to call \_\_\_\_\_ Email \_\_\_\_\_

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	Phone
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1.

2.

