

## **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, 202 Cub Run Lane, Harpers Ferry, WV 25425

_	on Information
City	State: Zip Code:
Phone	Alternate Phone
Fax Number	
B. Main Conta	act 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 wi	l be your primary Urban Life Training contact number?
2 people in your organization	on Urban Life Training Team Please find at least on to assist you.  m 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 pro	gram?	
2. Please list any previous abstinence education, commexperience.	unity service, mentoring o	or other relevant
3. Why do you feel motivated to begin Urban Life Train	ning in your area?	
4. What geographic area or constituent group will the loinitially?	cal Urban Life Training C	Chapter serve
5. What would you suggest as a name for your Urban L "Northwest Urban Life Training Chapter", "Washingto "Rising Star Baptist Church Chapter".		
6. Please list the hobbies and interests as well as other or your group members may be a part of below.	rganizations, clubs or relig	gious groups that
7. Do you have a computer? Place an X:	YES	NO
8. Do you have access to the Internet? <b>Place an X:</b>	YES	NO
E. Signature I hereby certify that the information provided in the best of my knowledge.	nis application is comple	ete and accurate t
Signature	Date	