



**Chapter Application**



**Proposed Chapter Information**

Desired Chapter Name \_\_\_\_\_

Do you have a particular focus for this chapter?    Yes \_\_\_\_\_    No \_\_\_\_\_

If Yes, What will it be? \_\_\_\_\_

Location of chapter operation:

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

**Contact Information**

Chapter President Name \_\_\_\_\_

Have you read the Chapter Handbook?    Yes \_\_\_\_\_    No \_\_\_\_\_

Phone \_\_\_\_\_                      Email \_\_\_\_\_

Street Address \_\_\_\_\_                      Mailing Address \_\_\_\_\_

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



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