



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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