

Application for InterNACHI Local Chapter Recognition

(Use additional sheets if necessary)

Chapter Name _____

Geographic Boundaries _____

Names of Initial Applicants

(Name, Phone, email)

Names of Initial Leaders if known

(Name, Phone, Email)

President _____

Vice President _____

Secretary _____

Treasurer _____

We, the undersigned members of InterNACHI, believe creation and recognition of the proposed Chapter will serve the best interests of InterNACHI members. We have reviewed the standard InterNACHI Charter and agree to its terms.

Please sign and print your names.

Fax to (650) 429-2057