

APPLICATION FOR LOCAL CLUB AFFILIATION: YEAR: _____

1. Name of Club: _____

2. Application for Affiliation: (check one)

- a) _____ \$40.00 For a club with 10 - 29 members.
- b) _____ \$60.00 For a club with 33 - 69 members.
- c) _____ \$80.00 For a club with 70 or more members.

3. Club Liaison (Person to vote on behalf of your club at CMHA meetings.)

Name: _____ Phone: _____

Address: _____

4. Club Boundaries: _____

5 We hereby certify that:

- Our club will forward a copy of the minutes of the annual meeting to the Affiliate Chairperson.
- Our club does support and agrees with the objectives of the CMHA.
- The President and the Secretary are members of the CMHA for the year of application as of December 31st of the preceding year.
- The attached membership list is a complete list of members as of December 31st of the previous year to this application. This list is not shared, distributed or sold.

President's Name: _____ email: _____

President's signature: _____ Phone: _____

Address: _____

Secretary's Name: _____ email: _____

Secretary's signature: _____ Phone: _____

Address: _____

Newsletter Editor: _____ email: _____

Address: _____
_____ phone: _____