

*** * * 2007 Us TOO USA Chapter Information Form * * ***

Please Mail to: Us TOO 5003 Fairview Av Downers Grove IL. 60515 or Fax to: 630-795-1602

Please type or print very clearly

Chapter Name: Us TOO _____ Chapter

Chapter City:

State:

Country:

Chapter Contact Information

(Contact Information that is available to be published for the public)

Contact Name:

Contact Phone:

Contact email:

Monthly Materials Shipping Information (no PO BOXES please)

Shipping Name:

Shipping Address:

Shipping Address Line 2

Shipping City:

State:

Zip:

Number of Hot Sheets to mail:

Meeting Information

Meeting Schedule (day/time/frequency):

Meeting Location/address:

Volunteer Leadership Information (must complete all fields)

Chapter Leader:

Address:

Address Line2:

City:

State:

Zip:

Phone:

Fax:

Email:

Alternate Leader:

Address:

Address Line 2:

City:

State:

Zip:

Phone:

Fax:

Email:

Please continue to page 2

2007 Chapter Information Form - PAGE 2

Advocacy Contact:

Address:
Address Line 2:
City:
State:
Zip:
Phone:
Fax:
Email:

Sponsor (if any)

Sponsoring Organization:

Sponsor Contact:
Address:
Address Line 2:
City:
State:
Zip:
Phone:
Fax:
Email:

List any other Chapter affiliations with other National Organizations (i.e., Man to Man) _____

Chapter Demographics

Area Served: _____
Current Number of Members: _____
If maintained-Size of mailing List: _____
Average Meeting Attendance: _____
Do Spouses/Partners Attend? _____

Does your chapter have a bank account? _____

Does your chapter have its own independent 501c3 status? _____

How much money does your chapter raise on an annual basis? _____

If applicable, please attach a list of any other chapter volunteer leaders/steering committee members (including name/address/phone/email) that should be covered under the Us TOO home office insurance policies. Please note that the Chapter Leader, Alternate Leader and Advocacy Contact will automatically be included in the insurance coverage provided they have completed all contact information requested on this form.

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