



Application for Chapter-Affiliate Status

Today's Date _____

Chapter-Affiliate Name: _____	
Mailing Address: _____	(Street)
_____	(City)
_____	(State)
_____	(Zip)
Primary Contact: _____	Title: _____
Phone: _____	Email: _____
<small>(If the primary contact does not have an email, please designate a member to send and receive emails on their behalf)</small>	
Library Affiliation(s): _____	
When was the group officially started? _____	Date: _____
How many members does your group currently have? _____	No. _____
Does your group have a website? www. _____	

Checklist

- Your group has completed, voted on and approved by-laws. Please attach a copy.
- The groups' Board of Directors has approved this application. Please enclose a copy of the minutes of that meeting.
- Filed Articles of Incorporation with the Department of Commerce and Consumer Affairs (DCCA). Please attach a copy of your application.
- Applied for a Federal Employer Identification Number (FEIN/EIN) using form SS-4. Please attach a copy of your approval with your new EIN.
- Applied for a General Excise Tax (GET) License with the State of Hawai'i using form BB-1. Please attach a copy of your GET certificate.

_____ Please initial here signifying that your group has read, understands, and agrees to adhere to the FLH Affiliate Guidelines

Please list the elected/appointed Directors/Officers:

- 1. _____ Title: _____
- 2. _____ Title: _____
- 3. _____ Title: _____
- 4. _____ Title: _____
- 5. _____ Title: _____
- 6. _____ Title: _____
- 7. _____ Title: _____
- 8. _____ Title: _____

Please give a brief explanation of the Major Activities of the group:

Does the group have any immediate needs and/or concerns that we can help you with?

The undersigned, having been duly appointed to represent:

_____ (Name of Friends group)
do hereby acknowledge that we are the authorized representatives of this group, that said group does hereby and herewith apply for Chapter-Affiliate status in the corporation known as Friends of the Library of Hawai'i, that we have received and reviewed a copy of the official guidelines for Chapter-Affiliates, that we understand the guidelines, and agree to abide by the directives, terms, and conditions as set forth therein if granted Chapter-Affiliate status.

1. _____ Title: _____

2. _____ Title: _____

3. _____ Title: _____

4. _____ Title: _____

(FLH use only)

This application was presented to the Board of Directors of Friends of the Library of Hawai'i on _____ and was approved not approved by a majority vote thereof.

Signed: _____ Title: _____
(Friends of the Library of Hawai'i authorized signature)

Date: _____