



**APPLICATION FOR RECOGNITION OF STATE LEAGUE UNIT**

1. LOCATION OF PROPOSED UNIT: \_\_\_\_\_

2. NUMBER OF MEMBERS-AT-LARGE IN PROPOSED UNIT: \_\_\_\_\_ PLEASE ATTACH A ROSTER.

3. PLEASE PROVIDE NAMES AND CONTACT INFORMATION FOR THE FOLLOWING BOARD POSITIONS IN THE PROPOSED UNIT:

<b>POSITION</b>	<b>NAMES</b>	<b>PHONE</b>	<b>EMAIL</b>
President/ Chair			
Voter Service Chair			
Secretary			
Membership Chair			
Treasurer			

4. PLEASE PROVIDE A DESCRIPTION OF THE PROPOSED UNIT'S PLANNED ACTIVITIES FOR THE NEXT FEW MONTHS:

5. PLEASE ATTACH A COPY OF THE PROPOSED UNIT'S NON-PARTISAN POLICY.

Person submitting application: \_\_\_\_\_ Date: \_\_\_\_\_