

## DECILIAR CHARTER

Copies: White - Secretary, Pink Applicant Yellow Membership Admin

## **Charter Application**

For Calendar Year 20\_\_\_

REGULAR CHARTER \$25	PARTNER CHARTER \$25
For Organizations within the District Geographical Boundar	ries For Organizations outside the District Geographical Boundaries
REQUIREMENTS & BENEFITS	REQUIREMENTS & BENEFITS
Eligible to sanction District 14 points paying events	<ul> <li>Eligible to sanction District 14 points paying events</li> </ul>
Principal officer is required to sign below	Principal officer is required to sign below
<ul> <li>All Listed Representatives must be current District 14 Members</li> </ul>	Eligible to vote on relevant divisional issues,
Eligible to vote for District 14 Board of Directors according to	Does NOT have eligibility to vote in District 14 General
the District By-Laws  • Eligible to vote on Divisional organizational issues at the	Business.
Annual meeting	
-	
	AMA Charter#
Address:	
City:	ST ZIP
Phone:	
Website:	
Other information to be available for listing:	
<u> </u>	publication to the District Website, News, or other public
information)	
The following information is intended for administrative	purposes:
Primary Contact Person:	District 14 #:
Address:	
City:	ST ZIP
Phone:	ST ZIP Alt Phone:
Email:	
	<del></del>
Prosident/Owner	District 14 #:
President/Owner:	
Address: ST	ZIP
Phone:	Alt Phone:
Fav:	Email:
Fax:	
Referee/ Other Officer:	_ District 14 #:
Address:	
City: Signature	 T 7IP
phone: Alt Phone	5
Fax: Email:	·
The Principal Officer must read and sign below.	
	by and comply with all rules and regulations as set forth in the AMA District ling activities will comply with District 14 Rules and Guidelines, they will further
District 14 objectives, and that our charter will be valid or may be r	renewed only if our activities are in compliance, including adherence the ne applicant will reimburse the District for its costs, damages and other losses
Principal Officer:	Date:
- F	
Completed Application with Charter fee should be remitted to	
Application Accepted for D14 by: Fee Rec'd Amt: MO	
Fee Rec'd Amt: MO	_ Cash Check