



League Affiliation Form

Proposed Name of Organization:

Proposed Boundaries:

Officers:

Mailing Address:

_____'
City

_____ State

_____ Zip code

Contact Name:

Contact Phones: (H)

(W)

ext

(cell)

(fax)

E-mail:

Office Use Only:

_____ Today's Date

_____ President Approval Date

_____ Welcome Letter Sent Date

_____ District