**APPLICATION FOR CHAPTER MEMBERSHIP**

**FRIENDS OF RESERVOIRS**

**Name of Organization:** Click or tap here to enter text.

**State or States in Which Organization is Active:** Click or tap here to enter text.

**Primary Contact Name**: Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

**Email:**  Click or tap here to enter text.

**Address of Organization:**  Click or tap here to enter text.

 Click or tap here to enter text.

 Click or tap here to enter text.

**Questions about Organization:**

1. **Is organization an IRS-designated 501 (c)(3) non-profit?** [ ] **Yes** [ ]  **No**
2. **Does organization have a Charter?** [ ] **Yes** [ ]  **No**
3. **Does organization have a set of Bylaws?** [ ] **Yes** [ ]  **No**
4. **Does organization have elected officers?** [ ] **Yes** [ ]  **No
If yes, list names, positions, and contact information (telephone and email) for each officer:** Click or tap here to enter text.
5. **List Web Address, if any, of organization:** Click or tap here to enter text.
	1. **Facebook Page/Group:** Click or tap here to enter text.
	2. **Instagram:** Click or tap here to enter text.
6. **How many years has organization been operational?** Click or tap here to enter text.Years
7. **What is membership size of organization?** Click or tap here to enter text. Members
8. **Provide Organization’s State Fish and Wildlife Agency Contact (required):**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

1. **List the reservoirs with which applying organization is affiliated and upon which Chapter Membership is to be qualified. A minimum of one qualifying reservoir is required.**

Click or tap here to enter text.

1. **Describe the primary interest of organization in regard to improving aquatic habitat in reservoirs and associated reservoir waters (check at least one):**

[ ]  Develop and implement fish habitat and fisheries conservation projects

[ ]  Outreach and education to advance fish habitat and fisheries conservation

[ ]  Fund raising to support projects, outreach, education programs of agencies

[ ]  Collaboration with partners for one or more of the activities listed above

1. **Briefly describe one or more conservation or conservation-support activities organization plans to initiate or has initiated, or completed, for each qualifying reservoir:**Click or tap here to enter text.

**(12) Has organization attached a non-refundable application fee payable to Friends of Reservoirs in the amount of $25****?**[ ] **Yes** [ ] **No**

**SIGNATURE PAGE**

**Signature(s) of Organization Representative(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date Signed by Organization:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Taken on Application**: \_\_\_ Approved \_\_\_Disapproved \_\_\_Returned for Revision

**Signature of FOR Representative (if approved)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Approval:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send Application and Application Fee to:**

**Doug Nygren
Reservoir Fisheries Habitat Partnership
207 Mary Ave**

**Garden Plain, KS 67050**