**APPLICATION FOR GROUP AFFILIATE 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. **Describe the purpose of organization:** Click or tap here to enter text.
2. **Explain reason for seeking affiliate membership with Friends of Reservoirs:** Click or tap here to enter text.
3. **Is organization an IRS-designated 501 (c)(3) non-profit?**  **☐Yes ☐ No**
4. **Does organization have a Charter or set of Bylaws? ☐Yes ☐ No**
5. **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.
6. **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.
7. **How many years has organization been operational?** Click or tap here to enter text.Years
8. **What is membership size of organization?** Click or tap here to enter text. Members
9. **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

☐ Other (Please explain): Click or tap here to enter text.

1. **Is a check enclosed payable to Friends of Reservoirs in the amount of $100? ☐Yes ☐No**

**SIGNATURE PAGE**

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

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

**Action Taken on Application**: \_\_\_ Approved \_\_\_Disapproved

**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**