

## Application for Recognition of Society/Organization

Name of Society/Organization		
Names of the Founder(s), Co-Founder(s), or Reorganizer(s):* (Note: Click on the drop-down menu before each name and select the appropriate option, and then enter that person's name)		
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2	* Doon in mind that Founding on Doonsonining Officence and not necessarily Foundamy	
Date Founded	Date of first Board meeting	
Date of 1 <sup>st</sup> Membership meeting	The Society has members.	
Enclosed are copies of the Society/Orga	inization's	
Bylaws/Constitution	Membership Directory	
In order for your Society/Organization to quality	fy for recognition by Founders Fellowship, it must have had at least	
one Board meeting, at least one Membership meeting, and at least 40 active members nationwide.		
This artwork is necessary in order for us to prep	of the Society/Organization's emblem once it has been developed. pare a Founders Fellowship Certificate of Membership for applicants ple of its usage on our end-product, see the Founders Fellowship lick on "Membership" and scroll down.	
	ization linked to Founders Fellowship's website, please	
I certify that the above Society/Organiza	ation qualifies for recognition by Founders Fellowship.	
Date	Signature of Founder	
	C	
Mail this form and all appropriate docum	ments to:	
Jane R. Power, President		
Founders Fellowship		
2705 Country Valley Road		
Garland, TX 75043-1119	FFHelp@aol.com	
[]	Do not write below this line)	
Date Application received		
Date Bylaws/Constitution and Directory received	ed	
Date response sent by FF President		