



Renaissance

CHAPTER APPLICATION

Thanks for your interest in becoming a Chapter of Renaissance. Please fill in the information requested below and return this form along with a copy of your annual budget to:

Renaissance
987 Old Eagle School Road, Suite 719
Wayne, PA 19087

Group Name: _____
Address: _____
City: _____ State: _____ ZIP _____
Contact Phone # (public): _____
FAX: _____
Email: _____
Website: _____

The information in this section will be used to list your Chapter in our newsletter and on our website.

If the titles your group uses for its leadership are different from those listed here please provide the titles you prefer. We highly recommend that the group leader be called the Chapter Leader to reinforce the connection to Renaissance with your members.

Officers (Private information so we can contact you quickly.)

Chapter Leader: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone (other than public number): _____
Email: _____
Treasurer: _____
Address: _____ City: _____ State: _____ ZIP _____
Phone: _____
Secretary: _____
Address: _____ City: _____ State: _____ ZIP _____
Phone: _____
Email: _____

Number of members in your group: _____
Multiply your membership number by \$7.00. If the amount is over \$100 send a check in that amount with this form. If it is under \$100 make your check for \$100. Make checks payable to Renaissance. **Amount Enclosed:** _____