

VIRGIL HAWKINS



FLORIDA CHAPTER
National Bar Association



"Transforming a Rich Legacy Into a Living Legacy"

VHFCNBA Affiliate Chapter Application

Date: _____

Name of Organization: _____

Organization's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Website Address: _____

Year Organization Established/Incorporated: _____

Number of Members in Organization: _____

Mission Statement or Description of Organization: _____

Contact Name: _____

Title: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

VHFCNBA - P.O. Box 3067, Orlando, FL 32802-3067

(850) 692-8732

 Virgil Hawkins Florida Chapter NBA

Rev. June/2018

Please return completed application form with the following document(s):

_____A list of the officers for your Organization for the current fiscal year; and

_____A copy of your Organization's constitution and/or bylaws, if applicable, which must be consistent with VHFCNBA's mission.

Per VHFCNBA's Bylaws, VHFCNBA "by resolution and majority vote of members in good standing, shall grant affiliate chapter membership status to other organizations and, by majority vote of members in good standing, remove affiliate chapter membership status to established affiliates." VHFCNBA Bylaws at Chapter VII, Section II.

Sent application materials to:

Virgil Hawkins Florida Chapter National Bar Association
P.O. Box 3067
Orlando, FL 32802-3067
(407) 835-2040 (Fax)
vhfcnba@gmail.com

FOR OFFICIAL USE ONLY:

Date Received: _____

Date of Resolution: _____

Date of membership vote: _____

Approval Status: _____

