



APPLICATION FOR STARTING A CGOA CHAPTER

1. **Proposed Chapter Name** _____

President's Name _____

President's CGOA Member ID # _____

President's Mailing Address _____

City _____

State/Prov. _____ **Zip Code** _____

Country _____

Phone Day (____) _____ **Phone Evening** (____) _____

Fax _____

E-mail _____ @ _____

Chapter's Web (if one is developed) _____

(CGOA Management reserves the right to contact applicant via mail, phone, fax and e-mail, plus it should be understood that if the Web contact information sheet that is part of this application is not submitted to CGOA, the President's Name, City, State and one of the following as available in this order may be published as part of the Chapter Listing in print or on the Web site: e-mail, phone number, address.)

2. **Fee for Recognition as a CGOA Chapter is \$40.**

3. **Application cannot be processed without payment.**

Method of Payment

- Check Cashier's Check/Money Order (Make checks payable to CGOA)
 Debit Credit American Express Discover Master Card VISA

Credit Card Account# _____

Exp. Date _____ Amt. Charged \$ _____

Cardholder's Name (Print) _____

Authorized Signature _____

Office Use Only

Revd _____

Amt _____

Ck# _____

Ackd _____

A \$25 fee will be charged for returned checks. All payments in U.S. dollars drawn on U.S. banks.

4. **Send Completed Application, including This Form, the List of Members/Officers, and the Info for the Web Site Posting of Members With Payment To**

ATTN: CGOA

1100-H Brandywine Blvd

Zanesville OH USA 43701-7303

Ph: 740-452-4541 / Fax: 740-452-2552

E-mail: CGOA@Offinger.com

Web: www.crochet.org



CHAPTER MEMBERSHIP LIST

Chapter Name _____ **Date** _____

Please list the following information for each Chapter member. (Note: include fax and e-mail only if the member approves that CGOA may use this as a means of contacting them.) If room is needed for additional names, simply **photocopy this page as many times as needed**.

Name _____ Office Title: President
(CGOA Member ID Number) _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
E-mail _____

Name _____ Office Title (if any): _____
(CGOA Member ID Number) _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
E-mail _____

Name _____ Office Title (if any): _____
(CGOA Member ID Number) _____
Address _____
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Phone _____
Fax _____
E-mail _____

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Address _____
City/State/Zip _____
Phone _____
Fax _____
E-mail _____

Name _____ Office Title (if any): _____
(CGOA Member ID Number) _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
E-mail _____



Information for the CGOA Web Site Posting of Member Chapters

Please fill out and mail to CGOA the following information as you wish it to be posted in any print notices and on the CGOA Web site at <http://www.e-offinger.net/cgoa/public/chaptersearch.cfm>.

Please update staff at CGOA@Offinger.com anytime this information changes.

(Please print clearly)

As of this Date: _____

Submitted by: _____

Chapter Name: _____

Meets Where (suggestions: building, room, address, city, state): _____

Meets When (suggestion: days, state, time): _____

Meeting State (state's abbreviation, please): _____

Meeting Country (if not US): _____

Notes, or Alternate Meeting Info: _____

Web Meeting Info: _____

Web Meeting Site: _____

Contact Name: _____

Contact E-mail: _____

Contact Phone: _____

Alternate Contact Name: _____

Alternate Contact E-mail: _____

Alternate Contact Phone: _____

Chapter Web site: _____