



Fellowship of Reconciliation  
 Box 271, Nyack, New York 10960  
 845.358.4601 Fax: 845.358.4924  
 Email: localgroups@forusa.org

## Local Group or Affiliate Group Application

To affiliate with the FOR, a prospective group must fill out the following application, ensuring that the form is signed by at least two people who are individual FOR members (having signed the FOR Statement of Purpose). Please print out this application form, fill it out, and mail it to the Local Groups Coordinator, FOR, Box 271, Nyack, NY 10960. Please do not copy and paste the form to email; we need the application hard copy with your signatures. After the form is received by the national office, the group will receive a letter officially recognizing the affiliation. The new group/affiliate will receive additional material from the national office.

Please check one: Local Group \_\_\_\_\_ Affiliate Group \_\_\_\_\_

Name of local group/affiliate: \_\_\_\_\_

Name of key contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number of key contact: home \_\_\_\_\_ work \_\_\_\_\_

Best times to call: home \_\_\_\_\_ work \_\_\_\_\_

Email Address: \_\_\_\_\_

Group Website: \_\_\_\_\_

Date of group's founding: \_\_\_\_\_

Officers or Steering Committee Members: [Local Groups Steering Committee members must be FOR Members]:

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Please initial the following, once completed:

\_\_\_ Our group has 10 or more active members/participants

\_\_\_ We have completed or have scheduled one or more community events per year

\_\_\_ We actively seek diversity with the group and within the governing body (including race, faith, gender, etc.)

\_\_\_ We are working on the following national FOR programs:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_ We have developed bylaws for the group

\_\_\_ We are an interfaith group, welcoming people of all faiths

Group Priorities:

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Planned Activities:

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Estimated Annual Budget: \_\_\_\_\_

Other information: \_\_\_\_\_

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Our local group hereby agrees to cooperate with the bylaws of the Fellowship of Reconciliation as set by the FOR National Council, with the expectations for local groups and affiliates established by the national FOR office, and to the principles of the FOR as defined in the FOR statement of purpose.

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Name (print) \_\_\_\_\_ Name (print) \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Please ensure that this form is signed by at least two FOR members (Individuals join the FOR only by signing the FOR Statement of Purpose.) Please also attach sample copies of any available materials about your group (e.g. newsletters, fliers, etc.).

**Return to:**  
Local Groups Coordinator  
FOR  
P.O. Box 271  
Nyack, NY 10960

You will receive a letter officially recognizing your group, and you will be invited to the National office in Nyack, NY, within the next year to confirm membership and to meet National Council Members and Staff. Thank you!