



**Fellowship of Reconciliation**  
P.O. Box 271, Nyack, NY 10960 ·  
(845) 358-4601 · Fax:(845) 358-4924.  
Email: [localgroups@forusa.org](mailto:localgroups@forusa.org)

## Intention of Affiliation

To begin the affiliation process with the FOR, a prospective group must fill out the following Intention of Affiliation application, ensuring that the form is signed by at least two people who are individual FOR members (having signed the FOR Statement of Purpose). You may print out this application from your browser, 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 e-mail; 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 group's intention to affiliate

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: \_\_\_\_\_

Group Priorities: \_\_\_\_\_

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Planned Activities: \_\_\_\_\_

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

Our local group plans to affiliate as a local group or local affiliate with the Fellowship of Reconciliation. We agree to work with the Local Groups Coordinator to ensure we have successfully completed the Affiliation Process as outlined by the National Fellowship of Reconciliation.

We understand that before our group can complete the Application for Affiliation and officially be recognized as a local or affiliate group it must have the following characteristics and communicate these in writing to the national FOR:

- 10 or more active members/participants
- completed one or more community events per year
- actively seeking diversity within the group and governing body (including race, faith, gender, etc.)
- working on a national FOR program
- developed by-laws for the group

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.)

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