

## **New CW4WAfghan Chapter Application Form**

Proposed Name of Chapter (eg: CW4WAfghan Okanagan Chapter)

Name of Applicants [Officer Position eg: Mariam Smith, Chairperson]:

- 1)
- 2)
- 3)

Description of Geographical Region

Mailing Address

Contact email for local chapter

Contact phone number (internal use only)

Please submit with the following:

### **Completed Questionnaire:**

1. How did you hear about CW4WAfghan?
  
2. What drew you to this issue?
  
3. Are there others in your community with whom you may collaborate?
  
4. What events, activities and or initiatives might interest you?
  
5. What is your short- and long-term vision for a chapter of CW4WAfghan in your area?
  
6. Do you have any specific goals and/or objectives for starting a chapter that may vary (or not) from those already established?

Short bio of applicants.