



CHAYIL LEADERSHIP NETWORK

Chapter Application

Please print, complete and return

CLN REGIONAL AMBASSADOR:

Title: _____ First Name: _____ Last Name: _____

CLN CHAPTER COORDINATOR'S INFORMATION:

Title _____ First Name: _____ Last Name: _____

Gender: M F

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Country: _____ Phone: _____ Email: _____

Website: _____

REFERENCES:

Please give Names and Contact Information of 2 References from a Reputable Minister and a Business/Career Leader:

Minister's Name: _____ E: _____

T: _____

Bus/Career Name: _____ E: _____ T: _____

T: _____

CLN CHAPTER START DATE: _____

VENUE OF CHAPTER MEETING:

DAY and TIME of CHAPTER MEETING:

(E.g. monthly on fourth Saturday)

- Chapter Members: Please complete and return the attached Chapter Members Information Form**
- Standards of Conduct: Please review, sign and return the attached Standard of Conduct Form**