**APPLICATION FOR CHAPTER MEMBERSHIP**

**FRIENDS OF RESERVOIRS**

**Name of Organization:** Click or tap here to enter text.

**State or States in Which Organization is Active:** Click or tap here to enter text.

**Primary Contact Name**: Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

**Email:**  Click or tap here to enter text.

**Address of Organization:**  Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

**Questions about Organization:**

1. **Is organization an IRS-designated 501 (c)(3) non-profit?**  **Yes  No**
2. **Does organization have a Charter?** **Yes  No**
3. **Does organization have a set of Bylaws? Yes  No**
4. **Does organization have elected officers? Yes  No   
   If yes, list names, positions, and contact information (telephone and email) for each officer:** Click or tap here to enter text.
5. **List Web Address, if any, of organization:** Click or tap here to enter text.
   1. **Facebook Page/Group:** Click or tap here to enter text.
   2. **Instagram:** Click or tap here to enter text.
6. **How many years has organization been operational?** Click or tap here to enter text.Years
7. **What is membership size of organization?** Click or tap here to enter text. Members
8. **Provide Organization’s State Fish and Wildlife Agency Contact (required):**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

1. **List the reservoirs with which applying organization is affiliated and upon which Chapter Membership is to be qualified. A minimum of one qualifying reservoir is required.**

Click or tap here to enter text.

1. **Describe the primary interest of organization in regard to improving aquatic habitat in reservoirs and associated reservoir waters (check at least one):**

Develop and implement fish habitat and fisheries conservation projects

Outreach and education to advance fish habitat and fisheries conservation

Fund raising to support projects, outreach, education programs of agencies

Collaboration with partners for one or more of the activities listed above

1. **Briefly describe one or more conservation or conservation-support activities organization plans to initiate or has initiated, or completed, for each qualifying reservoir:**Click or tap here to enter text.

**(12) Has organization attached a non-refundable application fee payable to Friends of Reservoirs in the amount of $25****?****Yes No**

**SIGNATURE PAGE**

**Signature(s) of Organization Representative(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date Signed by Organization:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Taken on Application**: \_\_\_ Approved \_\_\_Disapproved \_\_\_Returned for Revision

**Signature of FOR Representative (if approved)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Approval:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send Application and Application Fee to:**

**Doug Nygren  
Reservoir Fisheries Habitat Partnership  
207 Mary Ave**

**Garden Plain, KS 67050**