

APPLICATION FOR GALA AFFILIATION

We, members of GALA, request affiliation with the national organization

Our Affiliate Liaison will be

Name _____

Address _____

Phone _____ Email _____

- We have attached a membership list that includes a minimum of five current GALA members.
- We have attached a copy of our written operating procedures.
- We acknowledge that any activities we engage in will be consistent with the Community of Christ faith community and the stated purpose of GALA.
- We acknowledge that we will not be financially dependent on the national organization.

(Signature of proposed Affiliate President)

(Date)

This application has been approved disapproved by the National GALA Board of Directors.

(Signature of GALA President)

(Date)

Please mail completed application to: GALA, PO Box 146, Lapeer MI 48446