

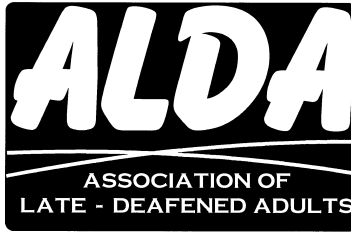
## ALDA CHAPTER CHARTER PETITION

We, the petitioners below, reside in or near (City, State) \_\_\_\_\_ and are committed to improving the lives of late-deafened adults. Accordingly, we hereby petition ALDA, Inc. to grant us a charter as an affiliated ALDA Chapter operating under franchise of ALDA, Inc. We are in agreement with and accept the Chapter By-laws provided by ALDA, Inc. We will abide by them and any policies approved by the ALDA, Inc. Board of Directors which are relevant to local Chapters.

We pledge that our Chapter will hold meetings on a regular basis, a minimum of two (2) per year, and that we will strive for the creation of a stress-free communications environment at all of our functions. Those meetings may consist of program presentations, social activities, educational outings, the conduct of Chapter business, and so forth. In addition to holding regular meetings, our Chapter will maintain an outreach program which, at minimum, shall include ongoing efforts to identify and recruit new members, to work with other organizations and deaf service providers in our area for the common good of people with hearing loss, and to promote the existence, purposes and functions of ALDA, Inc. whenever and wherever possible.

We attest that we are eighteen (18) years of age or older, current members of ALDA, Inc., and that our dues are paid up-to-date. We have provided our names, addresses, phone numbers, and email addresses below, as well as identified the officer positions that we will hold if this petition is granted. In addition, we have provided a brief summary of our activities during the past year or since our group began meeting (whichever time period is shorter), and we have given two choices for our requested Chapter name.

We hereby affix our names and other information to this petition on this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.



## Petition to Be Recognized as an ALDA Chapter

The four individuals below affirm that they have given permission for their names to be placed on this petition; that they are over 18 years old; that they are members in good standing of ALDA, Inc, with their dues paid up-to-date; and that they will serve as the designated initial officers of our requested Chapter if this petition is granted.

***(PLEASE PRINT ALL INFORMATION)***

1. Name (President): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name (VP): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name (Secretary): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name (Treasurer): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

***REQUESTED CHAPTER NAME***

(1<sup>ST</sup> Choice): ALDA - \_\_\_\_\_ (2<sup>nd</sup> Choice): ALDA \_\_\_\_\_

***BRIEF SUMMARY OF PAST ACTIVITIES***

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