



A NATIONAL AFRICAN AMERICAN BREAST CANCER SURVIVORSHIP ORGANIZATION

# New Affiliate Chapter Application

9668 Westheimer Road, Ste. 200-132 • Houston, TX 77063  
866.781.1808 toll free

Thank you for your interest in establishing an Affiliate Chapter of Sisters Network® Inc.

Please return this form by email to [infonet@sistersnetworkinc.org](mailto:infonet@sistersnetworkinc.org)

Name (PRINT CLEARLY)		Date	
Mailing Address		City	State      Zip
Mobile Phone	Email Address (PRINT CLEARLY)		
Employer	Position		
Are you a Survivor? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you in Active Treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please describe how you heard about Sisters Network® Inc.			
Why are you interested in establishing an affiliate chapter?			
Please briefly describe how you will bring the mission and goal of Sisters Network® Inc. to life in your community.			
What local contacts and relationships do you have that will help you support a Sisters Network Affiliate Chapter?			

Please briefly describe the support you would need from National Headquarters should you become an Affiliate Chapter.

**Proposed Chapter Location (City/State):**

Please list three Sisters Network Affiliate Chapters closest to your proposed location.

What percentage of your city is African American? (Suggestion: Visit your city's website for demographic breakdown or contact a local elected official's office.)

List the zip codes your Affiliate Chapter will serve. (Suggestion: look up the county zip code map for the area(s) you will serve)

Do you have fundraising experience? If so, please provide 2–3 examples.

Please provide some preliminary ideas how on you will fundraise to support the efforts of your Affiliate Chapter.

What are some outreach programs you would like to implement in the community to raise breast cancer awareness?

Please list your current community service involvement.

Please add biography.



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**List the (5) Executive Members below:**  
President, Vice President, Treasurer, Secretary, Membership Director

Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Survivor <input type="checkbox"/> President	Survivor <input type="checkbox"/> Vice President

Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Survivor <input type="checkbox"/> Treasurer	Survivor <input type="checkbox"/> Secretary

Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Survivor <input type="checkbox"/> Membership Director	Survivor <input type="checkbox"/> Executive Team Member

Name of Applicant / Prospective President
<input type="checkbox"/> Completed Application
<input type="checkbox"/> Bio (As it related to breast cancer) (Prospective President only)
<input type="checkbox"/> Headshot
<input type="checkbox"/> Letter of Interest

**Website:** [www.sistersnetworkinc.org](http://www.sistersnetworkinc.org) **Email:** [infonet@sistersnetworkinc.org](mailto:infonet@sistersnetworkinc.org)