



A NATIONAL AFRICAN AMERICAN BREAST CANCER SURVIVORSHIP ORGANIZATION

# New Affiliate Chapter Application Checklist

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Please complete this writable pdf application and email to [infonet@sistersnetworkinc.org](mailto:infonet@sistersnetworkinc.org)

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"/> Resume		<input type="checkbox"/> Headshot	
<input type="checkbox"/> Letter of Interest			
<p><b>List the (5) Executive Members below:</b>            President, Vice President, Treasurer, Secretary, Membership Director            *All Executive Committee Members must be survivors</p>			
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
President		Vice President	
Breast Cancer Subtype:		Breast Cancer Subtype:	
Year Diagnosed:	In Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Diagnosed:	In Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Treasurer		Secretary	
Breast Cancer Subtype:		Breast Cancer Subtype:	
Year Diagnosed:	In Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Diagnosed:	In Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Membership Director		Executive Team Member	
Breast Cancer Subtype:		Breast Cancer Subtype:	
Year Diagnosed:	In Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Diagnosed:	In Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No