

# Mothers Against Methamphetamine Chapter Application / Renewal Form

Chapter Name \_\_\_\_\_  
This will be your legal name on all documents filed with MAMA, the IRS, granting agencies, banking forms, promotional materials, and the press.

Date \_\_\_\_\_

Tax ID number \_\_\_\_\_

Contact Person \_\_\_\_\_ Physical Address if different  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Geographic area you plan to serve \_\_\_\_\_

Services you plan to offer, or plan to offer (educational services, jail ministry / drug court, support groups, children's services, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mission Statement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Board of Directors President

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Background \_\_\_\_\_  
\_\_\_\_\_

Special Skills \_\_\_\_\_

Prior involvement with Methamphetamine related issues \_\_\_\_\_  
\_\_\_\_\_

**Vice President**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Background \_\_\_\_\_

\_\_\_\_\_

Special Skills \_\_\_\_\_

Background with methamphetamine related issues \_\_\_\_\_

\_\_\_\_\_

**Secretary**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Background \_\_\_\_\_

\_\_\_\_\_

Special Skills \_\_\_\_\_

Background with methamphetamine related issues \_\_\_\_\_

\_\_\_\_\_

**Treasurer**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Background \_\_\_\_\_

\_\_\_\_\_

Special Skills \_\_\_\_\_

Background with methamphetamine related issues \_\_\_\_\_

\_\_\_\_\_



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**Other board members**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

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What funding raising sources does your chapter use now?

\_\_\_\_\_ Personal appeals to individual donors

\_\_\_\_\_ Direct mail, newsletters, correspondence with donors

\_\_\_\_\_ Website donation page

\_\_\_\_\_ Church based appeals

\_\_\_\_\_ Special Events (Golf Tournaments, yard sales etc )

\_\_\_\_\_ Fees for Services / sales of merchandise

\_\_\_\_\_ Grants from local businesses, service clubs (Rotary etc.) foundations, agencies

What is your annual budget – approximately? \_\_\_\_\_

URL of you website \_\_\_\_\_

Is your organization listed with your local Better Business Bureau? Y / N

Name and address of your bank \_\_\_\_\_  
\_\_\_\_\_

Persons authorized to access your account \_\_\_\_\_  
\_\_\_\_\_

#### Mothers Against Methamphetamine Chapter Requirements

- . Annual Dues of \$120 due 1<sup>st</sup> of year each year
- . Articles of Association with Mothers Against Methamphetamine
- . Limitation of Liability Statement
- . Quarterly report all chapter activities to the National Office Chapter Coordinator [A form will be provided.]
- . Annual 990 tax reports with the National MAMA office and the IRS.
- . Compliance with all state laws related to non-profit organizations. May include state registration.
- . Agreement with Mothers Against Methamphetamine statement of faith and mission statement.

We agree to all of the MAMA Chapter Requirements and promise to uphold them.

Signatures

President \_\_\_\_\_ Date \_\_\_\_\_

Vice President \_\_\_\_\_ Date \_\_\_\_\_