

# Building a new AMBUCS™ Chapter...

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## AMBUCS™ NEW CHAPTER BUILDING PERMIT

Application Date \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Location of new chapter: City \_\_\_\_\_ ST \_\_\_\_\_

Focus of chapter: Pediatric \_\_\_\_\_ Veteran \_\_\_\_\_ Other \_\_\_\_\_

What inspired you to contact AMBUCS? \_\_\_\_\_

Is new chapter being sponsored by an existing AMBUCS™ chapter? yes \_\_\_ no \_\_\_

If yes, Sponsoring Chapter \_\_\_\_\_ Chapter President \_\_\_\_\_

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### NEW CHAPTER BUILDING TEAM

The following individuals have agreed to serve as members of the new chapter building team:

#### TEAM LEADER

Name \_\_\_\_\_

Bus. Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

#### TEAM MEMBERS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned do hereby agree to abide by and conform to the policies and procedures established by AMBUCS for the chartering of a new club as set forth by the Board of Directors. We understand that in the event said club is not chartered within one year, this permit will expire.

Signed by: New Chapter Building Team Leader \_\_\_\_\_

Sponsoring Chapter President (if applicable) \_\_\_\_\_

\_\_\_\_\_

Approved: Date \_\_\_\_\_ Executive Director: \_\_\_\_\_

Please send or fax this permit to: AMBUCS™ Resource Center, PO Box 5127, High Point, NC 27262; Fax: 336-852-6830 or [ambucs@ambucs.org](mailto:ambucs@ambucs.org)

