

633 Pennsylvania Ave NW, Washington, DC 20004 • ncnw.org • ncnwhq@ncnw.org

## Permission to Organize a Life Member Guild

## Instructions for authorization:

- Please provide names, addresses and contact information for each organizing committee member to include telephone numbers and email addresses.
- You may send the completed form via email to dglenn@ncnw.org or mail to the address
  above to be approved by the NCNW Chair, Dr. A. Lois Keith on behalf of the Executive
  Committee.

Permission is hereby granted to the persons named below as the *Committee on Organization* to organize a Life Member Guild of the National Council of Negro Women, Inc., consisting of fully paid Life or Legacy Life members to be known as the:

## (Proposed Name of Section)

## **COMMITTEE ON ORGANIZATION**

| Name | Address | Phone | Email |   |
|------|---------|-------|-------|---|
| 1    |         |       |       | _ |
|      |         |       |       |   |
| 3    |         |       |       |   |
| 4    |         |       |       |   |
| 5.   |         |       |       |   |

Founder: Dr. Mary McLeod Bethune

Chair: Dr. A. Lois Keith



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| Permis | ssion to organize the   |
|--------|---|
| of NC  | NW is granted on the conditions that:   |
| 1.     | The proposed Section shall agree to engage in activities in conformity with the Amended Articles of Incorporation and policies, rules and regulations prescribed by the Board of Directors of the National Council of Negro Women, Inc. |
| 2.     | The proposed Section shall be organized immediately upon receipt of this permission to organize.  |
| 3.     | The proposed Section shall provide proof of organization by submitting the completed Certification of Organization of a Community-based Section form within ten (10) business days of the election of officers                          |
| Dr. A. | Lois Keith  |
|        | nal Chair   |

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