NOMAS Chapter Application Form

Date:
Chapter Title:
Name:
Phone:
Chapter Street Address:
County / City / State / Zip:
Chapter E-mail:
Other Phone:
Why do you want to start a NOMAS Chapter?:

A. GUIDELINES FOR STARTING A NOMAS CHAPTER

Is there an existing NOMAS Chapter in your community?

Is there a specific organization you want your NOMAS Chapter to help?

Have you worked with NOMAS before?

Are you willing and able to devote whatever time is necessary to make your chapter successful?

Do you have some experience in starting and / or operating a small for profit or nonprofit business?

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Are you familiar with and/or have ties to local non-profit agencies in your community?

Are you willing to ensure that the annual NOMAS financial reporting requirements are met?

Have you read and do you understand the Licensing Agreement provided on this WEB site?

Which Fiscal Structure are you applying for? Group Exemption? or Fiscal Sponsorship with an approved Affiliate Organization?

Are you able to pay NOMAS membership fees?

Do you have four (4) NOMAS members willing to be a part of the Chapter?

B. LEARNING MORE ABOUT YOU

Formal Education (check highest level)

() High School
() College Attendee
() College Graduate
() Graduate School Attendee
() Graduate School Degree
What are you doing now?

() Retired() Working full time() Working part time

List some job titles you held when you were working full time:

Thank you for taking the time to review our WEB Site. If you have completed this application and are comfortable and ready to start your chapter, please:

- □ Scan/E-mail the signed and dated Application to info@nomas.org or snail mail to the mailing address below.
- Scan/E-Mail the signed and dated Licensing Agreement to info@nomas.org or snail mail to the address below.

Moshe Rozdzial NOMAS 3500 E. 17th Ave Denver, CO 80206

Thank you for your interest in beginning a NOMAS Chapter. Once your application is reviewed you will receive a greeting package and instructions on how to proceed.