



Chapter Request

Date:

Name of person submitting request:

Phone:

Email:

Organization:

Group Name:

Geographic Target Area:

- 1. Please describe the group including date of formation, greatest accomplishments to date, and what community partners are represented.**
- 2. Does the group work consistently with the Health Action Chapter Priority Statement (see Chapter Guidelines)? How?**
 Yes No
- 3. Is the group in alignment with Health Action's vision and current Action Plan? What are the specific priority areas of the group?**
 Yes No
- 4. Does the group have a clear charter, strategic plan and/or action plan?**
 Yes No If yes, please attach to this request.
- 5. Is the group open to the public?**
 Yes No
- 6. Does the group agree to the Chapter Requirements?**
 Yes No