



**APPLICATION FORM FOR OPENING A CHAPTER**

<http://www.haiti-grahn.org>

[Please write with upper case letters]

SEND BACK by fax or by regular mail to the following address:

1683 Lucerne, Laval (Quebec), H7M 2E8, Canada

Phone: 450-967-7049

Fax: 450-575-4196

**SECTION 1. LOCATION OF THE PROPOSED CHAPTER**

PROJECTED NAME FOR THE NEW CHAPTER : GRAHN- \_\_\_\_\_

**SECTION 2. IDENTIFICATION OF THE APPLICANT**

Surname : \_\_\_\_\_ First and middle name(s) : \_\_\_\_\_

Sex :  M  F

Occupation/Profession: \_\_\_\_\_

Email : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax (optional) : \_\_\_\_\_

Address [Street and apartment number] : \_\_\_\_\_

City : \_\_\_\_\_ Dept./Province/State : \_\_\_\_\_

Zip Code /Cedex : \_\_\_\_\_ Country : \_\_\_\_\_

**SECTION 3. IDENTIFICATION OF SECONDER 1**

Surname : \_\_\_\_\_ First and middle name(s) : \_\_\_\_\_

Sex :  M  F

Occupation/Profession: \_\_\_\_\_

Email : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax (optional) : \_\_\_\_\_

Address [Street and apartment number] : \_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_ Dept./Province/State : \_\_\_\_\_

Zip code /Cedex : \_\_\_\_\_ Country : \_\_\_\_\_

**SECTION 4. IDENTIFICATION OF SECONDER 2**

Surname : \_\_\_\_\_ First and middle name(s) : \_\_\_\_\_

Sex :  M  F

Occupation/Profession: \_\_\_\_\_

Email : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax (optional) : \_\_\_\_\_

Address [Street and apartment number] : \_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_ Dept./Province/State : \_\_\_\_\_

Zip code /Cedex : \_\_\_\_\_ Country : \_\_\_\_\_

GRAHN-Monde

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