

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 :		
7in Code /Cedex :	Country:		

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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 : F	irst and middle name(s):	
Sex: M II	F	
Occupation/Profession:		
Email :		
Phone :	Fax (optional) :	
Address [Street and apartment number] :		
City : Do	ept./Province/State :	
Zip code /Cedex :	Country :	

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SECTION 5. MOTIVATION (S) OF APPLICANT		
Please describe the reasons behind your motivation to open a chapter :		

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Optional appendix. Short Biography	
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