

Thank you for your interest in forming an ACR Chapter. Please fill out this form in its entirety, and return to ACR's Chapter Liaison, at the Association for Conflict Resolution, 1015 18th Street, NW Suite 1150 Washington, D.C. or via email at Chapters@ACRnet.org for processing and approval. After careful review of the ACR Policy and Procedures Manual, you must submit a copy of your proposed Chapter Bylaws and Articles of Incorporation. Please note that your proposed Chapter Bylaws and Articles of Incorporation must be based on the ACR Model Chapter Bylaws and Articles of Incorporation that have been provided to you.

Chapter Information

Proposed Name of Local ACR Chapter: _____

Proposed Location/Service Area: _____

Names and Addresses Members of Chapter Organizing Committee (at least three who must be members of ACR):

Proposed Chapter President: _____

ACR Member: Yes No Member Level: _____

Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

Website: _____

Chapter Organizational Structure

Please describe your proposed membership dues structure (i.e. set fee, sliding scale, how often paid):

Proposed number of Board members: _____ Terms of Office: _____

Current number of Chapter members: _____

How often will your Board meet? _____

How often will your Chapter meet? _____

Is your Chapter interested in the ACR 501(c)(3) IRS Group Exemption: Yes

No