# Application for GCBA Fee $125.00

## Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization Name: |  | Date: |  | Time: |  |

|  |  |
| --- | --- |
| Name of person completing: |  Number of members: |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Phone number: |  |

|  |  |
| --- | --- |
| Email: |  Amount & check # sent with application: |
| Purpose of organization: |  |

## Questions

|  |  |
| --- | --- |
| Goals of your organization: |  |
| Notes: |  |

|  |  |
| --- | --- |
| What is the organization: |  |
| Notes: |  |

|  |  |
| --- | --- |
| Attached copy of Bylaws or constitution: |  |
| Notes: |  |

## Additional Notes

Enter Additional Notes.