



Local Group Affiliation Application

New Application

Reapplication under new
Leadership

Local Group Name _____

Local Group Address _____

Local Telephone Number _____

Local Group E-mail Address _____

Local Group Website _____

We the undersigned hereby:

1. Apply for “Soulforce™ Local Group Affiliation and License” and submit this signed document as evidence of our agreement and commitment to the criteria to become a Soulforce™ Local Group Affiliate. (To be signed by two individuals, one of which is the leader/contact person and the other is the assistant leader.)
2. We have taken the Five Soulforce™ Vows
3. We have completed the Soulforce™ Four (4) Step Journey
4. We hereby understand that the “Soulforce Process” is a brief overview of the steps in *soulforce* activism and pledge our commitment to follow the steps of this process.
5. We agree to adhere to the Soulforce™ purpose, goals, and primary tactics for reaching those goals, as listed in the “Criteria for Soulforce™ Local Group Affiliation.”
6. As a Soulforce Local Group Leader we agree to:
 - Adhere to the directives and suggestions of the Soulforce™ Local Group Committee, Soulforce™ Local Group Regional Coordinators and Soulforce™, Inc
 - Be accountable to the Local Groups Coordinator, Regional Coordinator and Soulforce™ Board of Directors.
7. The Local Group Leaders must list the Soulforce™ National direct action they have attended and/or list the Soulforce™ training

workshop, approved by Soulforce™, Inc. that they have attended:
(They must have attended one direct action and the training or one Soulforce™ workshop).

Local Group Leader

Assistant Leader

Name: _____

Direct Action Attended:

Soulforce Training Workshop:

LOCAL GROUP APPLICATION QUESTIONNAIRE:

Both the Local Group Leader and the Assistant Leader must complete the Local Group Application Questionnaire separately and return responses with the completed application. See Local Group Application Questionnaire enclosed.

Name (Print) _____ Name (Print) _____
Local Leader/Contact Person Assistant Leader

Address _____ Address _____

Telephone # _____ Telephone # _____

E-mail Address _____ E-Mail Address _____

Date _____ Date _____

Signature _____ Signature _____

REFERENCES: (The Local Group Leader and Assistant Leader must list three references each. One of those references must be from the Soulforce National Leadership Team. (See <http://www.soulforce.org/main/coreteam.shtml> for a list of the Soulforce Leadership Team)

LOCAL GROUP LEADER

ASSISTANT LEADER

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Zip Code _____

Zip Code _____

Telephone # _____

Telephone # _____

Email Address _____

Email Address _____

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Zip Code _____

Zip Code _____

Telephone # _____

Telephone # _____

Email Address _____

Email Address _____

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Zip Code _____

Zip Code _____

Telephone # _____

Telephone # _____

Email Address _____

Email Address _____

