



NAVIGATOR USA CHAPTER APPLICATION

Please mail completed application to: Navigators USA, 56 Bogart Street, 4E, Brooklyn, NY 11206

CO-LEADER INFORMATION				
Last Name	First	M.I.		Date
Street Address	Apt. #			
City	State	ZIP		
Phone	E-mail Address			
Date of Birth	Social Security #			
CO-LEADER INFORMATION				
Last Name	First	M.I.		Date
Street Address	Apt. #			
City	State	ZIP		
Phone	E-mail Address			
Date of Birth:	Social Security #			
NAMES OF AT LEAST 5 CHILDREN FOR THE STARTER GROUP				
1. Name	Date of Birth			
2. Name	Date of Birth			
3. Name	Date of Birth			
4. Name	Date of Birth			
5. Name	Date of Birth			
LOCATION OF CHAPTER MEETINGS				
Name of Building				
Street Address				
City/Town	State		Zip	
Organization or Person who owns space				
Address if different				
Phone number				
DISCLAIMER AND SIGNATURE				
I certify that my answers are true and complete to the best of my knowledge.				
Signing this form signifies that authorization to perform a background check with this information by Navigators USA has been obtained.				
Signature			Date	