



# 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 #			
Employer	Does your employer participate in volunteer matching?			

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## 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
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