Conservation Federation MISSOURI

2021 Affiliate Application

Organization Information: ID # **Date:** _____

Organization Name _____

Website _____

Org. Mailing Address _____

Purpose of Organization

(Mission Statement) _____

Year Incorporated or formed _____ Number of Members _____ Member Publication? _____

Regular Meeting _____

Annual Events _____

_____

President _____ **Term Expires** _____

Address _____

Phone _____ Email _____

Vice President _____ **Term Expires** _____

Address _____

Phone _____ Email _____

Secretary _____ **Term Expires** _____

Address _____

Phone _____ Email _____

Treasurer _____ **Term Expires** _____

Address _____

Phone _____ Email: _____

Executive Director _____

Phone _____ Email: _____

Address _____

CFM Representative _____

Phone _____ Email: _____

Address _____