



NCFR Affiliate Activities Plan

Use this form to map out your affiliate's goals, strategies, and activities as you get started.

General Information

Affiliate Name:

Type: Student/State/Regional (please circle as appropriate)

Address:

Telephone:

Fax:

Contact Email:

Current number of affiliate members:

Affiliate Strategy/Mission Statement/Main Goals

1.

2.

3.

Proposed Activities

1. Type of activity:
Proposed date of activity:
Brief description of activity:

2. Type of activity:
Proposed date of activity:
Brief description of activity:

3. Type of activity:
Proposed date of activity:
Brief description of activity:

4. Type of activity:
Proposed date of activity:
Brief description of activity:

Report Submitted by:
Date:
Position:
Email address: