

## NCFR Affiliate Formation Request Form – State/Regional Affiliate

We, the undersigned NCFR members, request the formation of an NCFR affiliate council.

Name of proposed affiliate council:

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Name of college or university (if applicable):

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Name of president or student adviser:

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Email address of president or student adviser:

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NCFR member name with NCFR Member ID Number (10 person minimum)

### Submitted by

Name:

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Employer/university:

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Work address:

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Preferred telephone:

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Email address:

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Return to [membership@ncfr.org](mailto:membership@ncfr.org).