

NCFR Affiliate Formation Request Form – Student Affiliate Formation

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

Name of proposed affiliate council:

Name of college or university (if applicable):

Name of advisor:

Email address of advisor:

NCFR ID Number of advisor:

Name of student president:

Email address of student president:

NCFR ID Number of student president:

Submitted by

Name:

Employer/university:

Work address:

Preferred telephone:

Email address:

Return to membership@ncfr.org.