



National Organization for the Reform of Marijuana Laws

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OFFICE OF CHAPTER OUTREACH  
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# Application for Affiliation with NORML

Groups that wish to affiliate with NORML must complete the following application and submit to NORML for approval. No group or organization is authorized to act as an affiliate, or to publicly include "NORML" in their name, until the application has been approved by the Office of Chapter Outreach.

## Proposed Affiliate Information

Name of Proposed Affiliate:

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Affiliation Contact Person:

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Email Address:

Phone:

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Mailing Address:

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City, State, Postal Code:

<p>Proposed Affiliate Scope: Check only one circle.</p> <p><i>(Statewide scope requires approval of NORML Executive Director following background checks of leadership.)</i></p>	<p><input type="radio"/> Statewide (must act as state media contact and foster sub-chapters, résumés of all executive staff must be included)</p> <p><input type="radio"/> Regional/City (standard NORML Chapter, résumé of executive director must be included)</p> <p><input type="radio"/> Sub-Chapter (remote affiliate of state chapter, copy of state chapter approval of sub-chapter must be included)</p> <p><input type="radio"/> College (applicants must meet guidelines for university or college student group)</p>
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## Proposed Founders / Initial Board of Directors

Executive Director:

Email:

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Deputy Director:

Email:

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Communications Director

Email:

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Secretary:

Email:

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Treasurer:

Email:

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### Attachments Checklist

Please be sure you have included the following documents in your application:

- A résumé from your proposed founding Executive Director (ALL affiliations), plus résumés from your other founders (ONLY if applying for a STATEWIDE affiliation).
- A copy of your Chapter Bylaws created by your organization or modified from our Chapter Bylaws template (ALL but SUB-CHAPTERS, which are covered by STATEWIDE Bylaws).
- Receipts proving all five founders are current members in good standing with NORML (a copy of NORML membership card or email receipt of online membership will suffice).
- A copy of ONE of the following to be filled out BUT NOT SUBMITTED until approved to use the NORML name:
  - A copy of your state’s application for non-profit organizations (STATEWIDE and REGIONAL/CITY affiliations only).
  - A copy of your college / university’s application for student groups (COLLEGE affiliations only).
  - A copy of your state chapter’s application for remote sub-chapters (SUB-CHAPTER affiliations only).

I hereby submit this application to form a new group to be affiliated with NORML. I understand that I may recruit new members, but cannot act as an official NORML Chapter until this application is approved by NORML, and I will not submit any paperwork to state or student government until this application is approved.

Signature:	Date:
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### Delivery Instructions

Please mail this application and attachments listed above to:

*NORML Chapter Applications  
1600 K Street NW, Suite #501  
Washington DC 20006*

If you have any questions about the application process, please call 888-772-3422.