

tchin.org

**C.H.I.N.**  
**First Floor**  
**600 North 3rd Street**  
**Philadelphia, PA**  
**19123-2902**  
**Phone: (215) 627-4034**  
**Fax: (215) 627-4036**  
**Email: mb@tchin.org**

Thank-you for your interest in becoming an Affiliate member of C.H.I.N.!

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**C.H.I.N.** will be pleased to supply your group with the following items and services:

- Automatic referral of C.H.I.N. members in your area to your local support group
- C.H.I.N. Newsletters for your members
- CHD Awareness Day Materials
- Your group's Affiliate status will be highlighted on the support group page of our site
- Joint Fund-raising opportunities

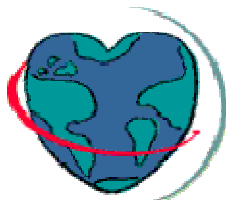
### **Your Support Group**

In order to become an affiliate member, you will need to provide documentation of your group's non-profit status in your state / country / province. **For U.S. groups:** 501(c) 3 status is preferred, NOT required. A copy of your approved articles of incorporation (the cover letter from your state) will suffice.

Your support group agrees to include an "Affiliate Membership" graphic on your web site, newsletters, and other printed materials.

Please send documentation of non-profit status, along with the signed form by mail to the address listed above.

I look forward to working with you, and am excited about the possibilities!



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## Affiliate Agreement

Please fill out this form completely, sign, and return to us along with proof of non-profit status to the address listed above.

Group Name \_\_\_\_\_

URL \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

# of members \_\_\_\_\_

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Our support group would like to become an Affiliate member of C.H.I.N. I understand that Affiliate membership benefits will be provided to our local group without cost to us.

We agree to include an "Affiliate Member" graphic on our web site, newsletter, and other printed materials.

Name of person signing this form (please print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_