

BRANCH-IN-FORMATION

CHARTER REQUIREMENTS:

- A commitment of 25 members **must** be paid members of the **STATE FLORIDA CIVIL RIGHTS ASSOCIATION** in order to start a BRANCH-IN-FORMATION.
- Membership must not fall below 25 paid members at any time to maintain a charter in good standing.

The (Branch Name) _____ Branch

Whose mailing address will be: _____

City _____ State _____ Zip _____

County _____

hereby requests a **CHARTER** to operate as a duly authorized Branch of the **FLORIDA CIVIL RIGHTS ASSOCIATION** subject to the provisions as set forth in the following CHARTER application and other such requirements and provisions as may be specified by the Board of Directors of the FLORIDA CIVIL RIGHTS ASSOCIATION.

PURPOSE AND OBJECTIVES

The purpose of the FLORIDA CIVIL RIGHTS ASSOCIATION, are: “to advocate diversity, equal opportunity and fairness for all persons by eliminating prejudices and discrimination in the public and private sectors, to defend human and civil rights secured by law, and to combat community deterioration and juvenile delinquency”.

The BRANCH is intended to be the focal point of activity within the FLORIDA CIVIL RIGHTS ASSOCIATION. Its purpose is to provide an organization at the “**local level**” for the planning and carrying out of activities supporting the objectives of the FLORIDA CIVIL RIGHTS ASSOCIATION and which can respond to the needs of the branch members. Branches are expected to have meetings for the purpose of planning activities and to conduct other such business as may be necessary to the operation of the branch. Activities may include but are not limited to gathering to promote the purpose and objectives of the FLORIDA CIVIL RIGHTS ASSOCIATION, to investigate complaints of discrimination, hold town hall meetings, forums, fundraisers, and to participate in other such events as may be of interest to the members.

Effective this _____ day of _____.

(Print) _____, Secretary (Sign) _____

(Print) _____, President (Sign) _____

A Branch Charter Application will be mailed to you after the Branch-In-Formation process is completed.

Mail Branch-In-Formation, Declaration, Membership Forms,
Propose Officers and Committee members to:

Office of the State Secretary
Florida Civil Rights Association
P.O. Box 593248
Orlando, Florida 32859

FCRA “BRANCH-IN-FORMATION” DECLARATION

MEMBERS MUST LIVE OR WORK IN COUNTY/CITY LIMITS OF BRANCH:

The following individuals FCRA State Members have agreed to work together for the next six (6) to twelve (12) months to develop a local branch of the FLORIDA CIVIL RIGHTS ASSOCIATION in the geographic area defined as:

County, City, : to define the location of the branch

MEMBERS: (Please attach the completed membership application of individuals listed below)

01.	10.	19.
02.	11.	20.
03.	12.	21.
04.	13.	22.
05.	14.	23.
06.	15.	24.
07.	16.	25.
08.	17.	
09.	18.	

All of the above named persons must be paid members of the State Florida Civil Rights Association as of date of Declaration.

The following individual listed below will be the Branch Committee “Branch-In-Formation contact person:

Name: _____

Address: _____

Home: _____ Cell: _____

Email: _____

Contact me first, by: [] Home phone [] Cell Phone [] Email

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www.fcranews.com | info@fcranews.com | (407) 272-9254



MEMBERSHIP APPLICATION

Become Part Of A New CIVIL RIGHTS Generation!

New Member Renewal Make A Donation \$ _____

01 MEMBER INFORMATION (please print clearly)

Name: _____

Business/Organization: _____

Mailing Address: _____

Name of County: _____ Telephone _____

Fax: _____ E-mail Address: _____

02 TYPE OF MEMBERSHIP (please check one)

REGULAR ANNUAL MEMBERSHIP	LIFETIME MEMBERSHIP
<input type="checkbox"/> Adult Member (Ages 21 & older).....\$60	<input type="checkbox"/> Bronze Life (annual installments of \$25 or more)\$250
<input type="checkbox"/> Youth (Ages 20 & under)\$20	<input type="checkbox"/> Silver Life (annual installments of \$100 or more) \$500
<input type="checkbox"/> Small Business..... \$100	<input type="checkbox"/> Gold Life (annual installments of \$200 or more)\$750
<input type="checkbox"/> Coalition Member.....\$150	<input type="checkbox"/> Platinum Life (annual installments of \$300 or more)\$1,500
<input type="checkbox"/> Corporate..... \$3,000	<i>Members enjoy: Subscription to FCRA E-News, FCRA Newsletter, and Networking opportunities with Civil Rights Activists, Community Leaders, Business Professionals, and Elected Officials, etc.</i>

03 ACTIVE COMMITTEES (you can serve on several committees)

PROGRAMS AND INITIATIVES		
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Employment	<input type="checkbox"/> Legal Affairs
<input type="checkbox"/> Communications & Media Relations	<input type="checkbox"/> Events, Fundraising & Programs	<input type="checkbox"/> Legislative Affairs
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Finance	<input type="checkbox"/> Membership
<input type="checkbox"/> Community Partners Against Crime	<input type="checkbox"/> Haitian Affairs	<input type="checkbox"/> Religious Affairs
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Health	<input type="checkbox"/> Veterans Affairs
<input type="checkbox"/> Education	<input type="checkbox"/> Housing	<input type="checkbox"/> Youth Affairs

04 PLEASE SIGN APPLICATION BELOW

SIGNATURE: X _____ **DATE:** _____

I agree to comply with the Board of Directors, Officers, By-Laws, Policies, Etc of the Florida Civil Rights Association

05 MAKE CHECKS AND MONEY ORDERS PAYABLE TO FCRA

Florida Civil Rights Association | P.O. Box 593248, Orlando, Florida 32859 | www.fcrafcra.com | info@fcrafcra.com | (407) 272-9254

Memberships and contribution are not tax deductible
FORM- FEBRUARY 2009

