

## AFFILIATE APPLICATION FORM

Please check one of the following:

New Application

Date: \_\_\_\_\_

Renewal Application

Organization Name: \_\_\_\_\_  
*This will be your official Affiliate Name*

Primary Address: \_\_\_\_\_  
\_\_\_\_\_  
*This is where all your documents will be mailed*

Website: \_\_\_\_\_

### Main Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

### Secondary Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

### Please provide the following:

Brief Narrative (1-2 pages) describing your project's history and activities.

Mission Statement

Organizational Goals/Project Objectives

List staff, volunteers, consultants involved with the project

List members of the Board of Advisors, including organizational and tribal affiliations

Annual Project Budget for current fiscal year (July 1 – June 30)

List of anticipated and/or committed grants and donations

After we have received and reviewed your application, we will notify the Primary Contact regarding the status of your Affiliate request.

Please send to: Seventh Generation Fund for Indigenous Peoples, Inc.  
Attn: Johnny Salazar, Operations Coordinator  
PO Box 4569  
Arcata CA 95521