

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. **IMPORTANT:** A successful applicant must have at least 80% indigenous leadership to be considered for Affiliate status

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