



New Affiliate Chapter Application

9668 Westheimer Road, Ste. 200-132 • Houston, TX 77063

866.781.1808 toll free

website: www.sistersnetworkinc.org • email: infonet@sistersnetworkinc.org

Name (PRINT CLEARLY)			Today's Date	
Mailing Address		City	State	Zip
	Evening Phone	Email Address (PRINT CLEARLY)		
Employer:		Position:		
Are you a Survivor:	Are you in Active Treatment:	Are you a Caregiver:		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, specify origin of relationship:		
Please describe how you initially heard about Sisters Network® Inc. and why you are interested in establishing an affiliate chapter.				
In your own words, please briefly describe how you will bring the mission and goal of Sisters Network® Inc. to life in your community.				
What local contacts and relationships do you have that will help you launch and manage a Sisters Network Affiliate Chapter? Please describe.				

Thank you for your interest in establishing an Affiliate Chapter of Sisters Network® Inc.
Please return this form to SNI by email to: infonet@sistersnetworkinc.org

Revised 4/2023



New Affiliate Chapter Application

9668 Westheimer Road, Ste. 200-132 • Houston, TX 77063

866.781.1808 toll free

website: www.sistersnetworkinc.org • email: infonet@sistersnetworkinc.org

In your own words, please briefly describe the support you would expect from National Headquarters should you become an Affiliate Chapter.

Proposed Chapter Location:

Please list three Sisters Network Affiliate Chapters closest to your proposed location.

What percentage of your city is African American? (Suggestion: Visit your city's website for demographic breakdown or contact a local elected official's office)

List the zip codes your Affiliate Chapter will serve. (Suggestion: look up the county zip code map for the area(s) you will serve)

Do you have fundraising experience? If so, please provide some examples.

Please provide some preliminary ideas how on you will fundraise to support the efforts of your affiliate chapter.

What are some outreach programs you would like to implement in the community to raise breast cancer awareness?

Please list your current community service involvement.

Thank you for your interest in establishing an Affiliate Chapter of Sisters Network® Inc.
Please return this form to SNI by email to: infonet@sistersnetworkinc.org

Revised 4/2023



New Affiliate Chapter Application

9668 Westheimer Road, Ste. 200-132 • Houston, TX 77063

866.781.1808 toll free

website: www.sistersnetworkinc.org • email: infonet@sistersnetworkinc.org

Please list the names and email addresses of your team/potential membership.

Thank you for your interest in establishing an Affiliate Chapter of Sisters Network® Inc.
Please return this form to SNI by email to: infonet@sistersnetworkinc.org

Revised 4/2023



New Affiliate Chapter Application

9668 Westheimer Road, Ste. 200-132 • Houston, TX 77063

866.781.1808 toll free

website: www.sistersnetworkinc.org • email: infonet@sistersnetworkinc.org

Please add biography or resumé.

Thank you for your interest in establishing an Affiliate Chapter of Sisters Network® Inc.
Please return this form to SNI by email to: infonet@sistersnetworkinc.org

Revised 4/2023