



## New Affiliate Chapter Application Checklist

Sisters Network Inc.- National Office • 9668 Westheimer Road, Ste. 200-132 • Houston, TX 77063  
866.781.1808 toll free • [www.sistersnetworkinc.org](http://www.sistersnetworkinc.org)

Please complete this writable pdf application and email to [infonet@sistersnetworkinc.org](mailto:infonet@sistersnetworkinc.org)

Name of Applicant / Prospective President	
<input type="checkbox"/> Completed Application	
<input type="checkbox"/> Bio ( <i>As it related to breast cancer</i> ) ( <i>Prospective President only</i> )	
<input type="checkbox"/> Resume	
<input type="checkbox"/> Headshot	
<input type="checkbox"/> Letter of Interest	
<b>List the (5) Executive Members below:</b> President, Vice President, Treasurer, Secretary, Membership Director	
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Survivor <input type="checkbox"/> President	Survivor <input type="checkbox"/> Vice President
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Survivor <input type="checkbox"/> Treasurer	Survivor <input type="checkbox"/> Secretary
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Survivor <input type="checkbox"/> Membership Director	Survivor <input type="checkbox"/> Executive Team Member

Thank you for your interest in establishing an Affiliate Chapter of Sisters Network® Inc.

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