Chapter Leadership Council Application

Sports Philanthropy Network



PERSONAL INFORMATION

Your Name	
Your Organization	Organization Type
Title:	Email:
Permanent Address	(Residence)
City	State
Zip Code	Phone
Email	LinkedIn Profile
CHAPTER	RINFORMATION
What Chapter are yo	ou applying for?
Describe your intere	est in serving on the Chapter Leadership Council:
What skills will you o	contribute to the Chapter's Efforts:
Advocacy	Education Leadership Speaking Sponsorship Technolog
Communicat	tion/PR Fundraising Outreach Social Media Subject Matter Other
If you selected other	r, please specify below:
Preferred Committe	
Communicat	
Review of Expectation	
	ved the expectations and requirements posted at sportsphilanthropynetwork.org/chapters
an SPN Ambassador so th	or is a prerequisite to serving on the Leadership Council. Have you made the \$99 donation to become hat you receive SPN benefits and qualify for Leadership Council? (If not, please click the "Become an der the Submit button below to make the payment prior to submitting).
Yes, I have pa	aid the fee and I am an Ambassador of the Sports Philanthropy Network.
Name, Image, Liken	ess Waiver
Sports Philanth likeness on the	at Sports Philanthropy Network will promote my involvement in the Leadership Council and I give the ropy Network a non-exclusive, perpetual, royalty-free, worldwide license to use my name, image and website, marketing materials, social media, and other such uses set forth in the release of posted on ropyNetwork.org/chapters as it relates to my participation in the Leadership Council.
M/b a daa baya ta	thank for referring you to CDN2

Who do we have to thank for referring you to SPN?