



# Dudley Alumni Association, Inc.

*Mission: to preserve and cherish the legacy of James B. Dudley High School  
Many classes; Many generations; a Consolidated Reunion.*

Dudley Alumni Association, Inc. ~ P. O. Box 21971 ~ Greensboro, N. C. 27420 ~ www.dudleypride.org

## Application of Affiliation

### I. General

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Number \_\_\_\_\_

President (to who all mail will be sent) \_\_\_\_\_

Mailing Address (if other than above) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Website Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### II. Organizational Information

Please attach a copy of the following:

- (1) Signed Affiliation Agreement
- (2) Bylaws or code of regulations
- (3) Current rules or regulations
- (4) Charter or Certificate of Incorporation
- (5) Current membership roster, noting present officers
- (6) Application fee of \$\_\_\_\_\_ (make check payable to Dudley Alumni Association, Inc.)

I HEREBY ATTEST that I have reviewed the DAA Affiliated Chapter Guidelines, and I have been authorized by my organization to sign this \_\_\_\_\_ agrees to abide by all terms and conditions of an Affiliate.

DATE \_\_\_\_\_ Signed \_\_\_\_\_

TITLE \_\_\_\_\_

**APPROVED By the Dudley Alumni Association, Inc. Executive Board.**

DATE \_\_\_\_\_ Signed \_\_\_\_\_

TITLE \_\_\_\_\_