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## APPLICATION FOR CHAPTERS AND ACTION GROUPS

The Episcopal Peace Fellowship recognizes local Chapters (usually EPF members living in the same area) and Action Groups (groups of EPF members, wherever located, working together on a particular project, program, issue or areas of interest). EPF bylaws state: "Five (5) or more voting members may organize themselves as a Chapter or Action Group of the Fellowship."

Chapters and Action Groups are expected to honor the EPF commitment as stated on our web site and to report annually to the EPF National Executive Council. Chapter and Action Group benefits include outreach for new members, consultation and resources from the National EPF Office, space in the EPF Mag E Zine (Episcopal Peace Witness), letters of support from EPF officers, and enclosures in EPF mailings, subject to resource availability. Chapters are also allotted a discount on EPF items for resale. Although EPF resources are limited, Chapters and Action Groups with well-defined programs or projects can also apply for special support in the form of extra consultation by EPF staff, the printing of publications, mailings and project funding. Chapters and Action groups can also have Web Sites connected to the National site: [epfnational.org](http://epfnational.org).

To apply for recognition as an EPF Chapter or Interest Group, please complete this form and return it to the EPF National Office: PO Box 15, Claysburg, PA 16625.

\* \* \* \* \*

Date: \_\_\_\_\_

1. Type of group (circle one):      CHAPTER              or      ACTION GROUP

2. Name of Group: \_\_\_\_\_

3. Briefly describe the issue(s) that brought your chapter/action group together, program or area of interest, and how it relates to EPF work. Feel free to add an additional sheet if necessary.

4. Lead Contact person's Signature\*\* (must be a National EPF Member)

\*\* \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (wk) \_\_\_\_\_  
E-mail \_\_\_\_\_

5. Printed names of 4 or more National EPF Members. Please fee free to attach additional sheet of names if needed.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (wk) \_\_\_\_\_  
E-mail \_\_\_\_\_

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