

ACF Affiliate Membership Application

Date: _____		<input type="checkbox"/> New <input type="checkbox"/> Renewal
Affiliate Name _____		
Please tell us about your organization in the space below: (e.g., Club meeting location, meeting time(s), type of club (scholastic, adult, both), type(s) of activities offered, etc.):		
Name of Contact Person:	Send Check or Money Order for \$15 to: Alabama Chess Federation PO Box 2356 Tuscaloosa, AL 35403	
Address of Contact Person:		
Email:		
Telephone:		
All affiliate membership applications are subject to approval by the ACF Executive Board.		