Name (primary contact):		
Name (co-leader is optional):		
Chapter Name (City or Area):		
Your address (where we will send chapter materials):		
City:	State:	Zip:
Phone:		
Email:		

(If you don't already have an email or website, please don't set one up until you have read page 10 of the Chapter Handbook here: <u>http://www.westonaprice.org/wp-content/uploads/ChapterLeaderHandbook.pdf</u>)

You must be a member in order to start a chapter. If you are NOT a member, join first and then apply to start a chapter. If you are not a member, please do not apply.

_____ Yes, I am a current member of WAPF

The closest existing WAPF chapter to me is in ______, which is ______ miles away. (Please note, if there is an existing WAPF chapter closer than 10 miles to you, we ask that you work with the existing chapter rather than start a new one.)

I (we) agree to the following:

Create a food resource list that provides information on sources of organic foods, milk products from pasture-fed livestock (preferably raw), pasture-fed eggs and livestock and properly produced whole foods in the local area.

- 1. To allow the phone number and email address listed above to be published on the website and in the Foundation's quarterly magazine.
- 2. To promote membership by providing the Foundation's informational brochure to inquirers, and making it available as appropriate in local health food stores, libraries and service organizations and to health care practitioners.
- 3. To provide a yearly report of local chapter activities.
- 4. To be a member of the foundation in good standing.

Once the chapter is set up, we will send an introductory packet of 50 brochures and 5 journals. The initial packet of brochures is provided free of charge. However, a donation of \$30 to \$100 to help defray expenses would be gladly accepted.

Signed:_____Date:_____

Signed:_____Date:_____

Send to: The Weston A. Price Foundation PMB 106-380, 4200 Wisconsin Avenue, NW Washington, DC 20016

Or submit electronically to info@westonaprice.org