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# DEBH SUBDIVISION APPLICATION

\*\*\*ATTACH CURRENT STATE MEMBERSHIP LIST

This is to apply for the acceptance of our organization, namely:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Proposed name of subdivision)

as an official subdivision of the Division of Emotional and Behavioral Health for \_\_\_(state/province)\_\_.

Date present organization was established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date present organization voted to apply for acceptance as a subdivision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We understand that during the period required by DEBH to qualify as a subdivision, we shall enjoy all the rights of a subdivision in this state/province.

For the subdivision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subdivision President’s Signature Date

| Please complete and return this form to your DEBH Membership Services and Support (MSS) chair to apply for official recognition as a subdivision. |
| --- |

**To Be Completed by DEBH MSS Chair:**

Date became an active applicant subdivision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership on this date: \_\_\_\_\_\_\_\_\_\_

Constitution and bylaws approved: Yes / No Minimum of 3 member officers: Yes / No

DEBH Approval Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DEBH President) Date