

## Chapter Application & Renewal Form

Chapter Name: \_\_\_\_\_

President: \_\_\_\_\_

Email Address of President: \_\_\_\_\_

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Name of Contact Person (must be an IBC member): \_\_\_\_\_

Email of Contact Person: \_\_\_\_\_

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Name and email of an alternate person in case we cannot reach the contact listed above.

Name of Alternate: \_\_\_\_\_

Email of Alternate: \_\_\_\_\_

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The names below are currently **IBC Members** (must have a minimum of 5). It is not necessary to provide the names of non-IBC members.

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*You may return this completed form by email – [chapters@ibcbettas.org](mailto:chapters@ibcbettas.org).*