



Eye Partners Inspire: Start a Chapter Application

Applicant's Name: _____

I am a:

- ☐ Student
- ☐ Teacher
- ☐ Administrator/Supervisor
- ☐ Other, _____

If student, please list grade level: _____

Applicant's phone number: _____ - _____ - _____

Applicant's home address:

Name of the facility the chapter will be located: _____

Facility's phone number (e.g. school, library, office): _____ - _____ - _____

Facility's address:

How many central locations are there? (e.g. main office, library, cafeterias) _____

Does the chapter plan to fundraise? _____

If so, how will your E.P.I. chapter be organized?

- ☐ As an independent club
- ☐ As a division of an existing club
- ☐ As an open group of faculty members
- ☐ Other, please describe:

If so, how often will meetings be held? _____

Why are you interested in starting a chapter?

How did you hear of E.P.I.? _____