

birdsofafaithergroups

ESCAPEES BOFs



Certification Application

Name of BOF: _____

Number of Active Members (must be over 150): _____

Meeting date: _____

(Election meeting must be held at least every two years. Officers must be from different families.)

Names and Addresses of Officers Elected

Treasurer: _____

Membership Coordinator: _____

Others: _____

This BOF will abide by all published directives/rules, and will meet at every Escapade.

Must be signed by the two required officers:

Signed: _____

Signed: _____

If all requirements are met, and certificate is to be issued, a copy will be mailed to the treasurer, and the original will be presented to BOF at next Escapade.

Approved: _____

National BOF Coordinator

date

Certificate Presented at:

location

date

signed

date

National BOF Coordinator

Angie Carr

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