



Grand Council of Guardians Inc.
P.O. Box 022862 Brooklyn, New York 11202
EMAIL: THECOUNCILNYS@YAHOO.COM
Hotline / Fax (718) 638-8440
Founded 1974

ORGANIZATION ANNUAL REGISTRATION FORM

We hereby apply for admission to membership of the GCG.

We hereby undertake, to be bound by the Memorandum and Articles of Association of the GCG

We also undertake to pay to the Organization, the requisite joining fee and subscription and other fees applicable to membership.

(Please Print Information)

Organization/Individual Name: _____

President Name: _____

Mailing Address: _____

City _____ **State** _____ **Zip Code** _____ **Telephone/Cell** _____

Email: _____ **Website:** _____

Principal Contact Person: _____

Telephone No. _____ **Email:** _____

ORGANIZATION DELEGATES TO THE GRAND COUNCIL:

NAME	POSITION	EMAIL

All affiliated organizations must submit with their application the following:

- 1. Organization Membership Application**
- 2. A copy of Organization Constitution / Bylaws**
- 3. List of Executive Board Members with Contact Information.**

The Annual Dues are payable at the first meeting of each year.

Dues must be received by March 1st of year.

Member's Organization Dues: \$200.00 each year.
NEW Organizations Dues are \$300.00 upon entry .

Dues Annually: Cash _____ Check _____
Renewal \$200.00 New Organization \$300.00

Signature _____ **Date** _____

Received by _____
(Print Name)

Signature _____ **Date** _____

Signature _____ **Date** _____

Certificate of Membership Package

Date Mailed: _____