



PO Box 260  
 Bellingham, MA 02019-0260

Authority is hereby granted to the persons named below as a committee on organization, to organize a Chapter of the American Harp Society, Inc., and the signatures of these persons confirm their status as members-in-good-standing of the American Harp Society.

**PERSONS AUTHORIZED AS A COMMITTEE ON ORGANIZATION**

NAME(Please Print)	STREET	CITY/STATE	ZIP CODE	E-MAIL
1. _____	_____	_____	_____	_____
Signed _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
Signed _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Signed _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
Signed _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
Signed _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
Signed _____	_____	_____	_____	_____

(Continue on the back of this sheet if necessary)

**REPORT OF ORGANIZATION OF A CHAPTER**

This is to certify that, in accordance with authority granted by the American Harp Society, Inc., a meeting was held on

(date) \_\_\_\_\_ at (city) \_\_\_\_\_ (state) \_\_\_\_\_  
 and a Chapter of the American Harp Society, Inc. was organized, to be know as the

\_\_\_\_\_ Chapter of the American Harp Society, Inc., and to have for  
 its jurisdiction \_\_\_\_\_

I further certify that the following is a true and complete copy of a certain resolution duly adopted at such a meeting:  
 "RESOLVED: That pursuant to the condition contained in the 'Authority to Organize a Chapter' granted by the American Harp Society, Inc., this Chapter shall, and hereby does, agree with the American Harp Society, Inc. to engage in activities in conformity with its Constitution and By-Laws, and with the policies, rules and regulations prescribed and to be prescribed by the Board of Directors of the American Harp Society, Inc."

I further certify that the following are the officers of the Chapter having been duly elected to hold office until the election and qualification of their respective successors:

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>( )PHONE</u>	<u>E-MAIL</u>
President _____	_____	_____	_____	_____
Vice-President _____	_____	_____	_____	_____
Secretary _____	_____	_____	_____	_____
Treasurer _____	_____	_____	_____	_____

Certified by \_\_\_\_\_  
 Chapter President