



NAACP ACT-SO UNIT INTENT FORM

Year

2017

Each NAACP Unit sponsoring an ACT-SO program must appoint the ACT-SO chairperson who will be responsible for implementing your local ACT-SO Program annually. *Your program will only be recognized nationally if we receive your Intent Form for the current program year.* The designated Chairperson will be recognized by the National office and. all mailings, correspondence and pertinent information will be directed to the ACT-SO Chairperson. *An email address is required.*

Each Sponsoring Unit MUST submit one name for the Unit Chairperson

ALL UNIT INTENT FORMS MUST BE SUBMITTED BY NOVEMBER 30, 2016.

<input type="checkbox"/> Yes, our Unit will host an ACT-SO Program for the current year.			
<input type="checkbox"/> Yes, our Unit is hosting its first ACT-SO Program this year.			
<input type="checkbox"/> Yes, our Unit has a co-chair (see info below).			
Name of Sponsoring Unit- Please Print			
Unit/Youth Council:			Unit #
1) ACT-SO Chairperson			
2) ACT-SO Co-Chairperson			
3) Branch President/Youth Council Advisor			
Mailing Address			
Chairperson Address			
City	State	Zip	
Branch Address			
City	State	Zip	
Telephone- Cell Number's Preferred			
Chairperson	()	Branch Office	()
Co-Chairperson	()	Branch President	()
1) Chairperson E-mail Address:			
2) Co-Chair E-mail Address:			
3) Branch President E-mail Address:			
Please ensure you have completed the following steps before submitting your Unit Intent Form			
<input type="checkbox"/> I have reviewed the 2016/17 ACT-SO guidelines, and eligibility requirements.			
<input type="checkbox"/> I have secured the appropriate signatures to complete my Unit Intent Form.			
Signature			
Branch President Signature:			
Chairperson Signature:			
Co-Chair Signature:			