

Men's Health Network

P. O. Box 75972 : Washington, D.C. 20013

202-543-MHN-1 (6461) : info@menshealthnetwork.org : www.menshealthnetwork.org

Affiliate Application

_____, 200____
(organization / company seeking affiliate status) (date)

(contact person) (title)

(E-mail address)

(_____) (_____)
(phone - work) (phone - fax)

(address) (suite / apt.)

(city) (state) (zip code)

Chose the options that best describe your organization / company:

International National State Local Is the organization health related? Yes / No
 Hospital/clinic/physician office Health Association
 Fraternal organization Government entity (federal/state/local)
 Religious organization Activist Association
 Other (please describe) _____

Is the applicant a division or chapter of a broader organization? If so, please explain the relationship to the broader organization.

Describe the purpose and goals of the applicant. _____

When was the applicant founded? _____ Is the applicant a membership organization? Yes / No

Who is eligible to be a member? _____

Describe the population your program serves. _____

How is the applicant registered with the Internal Revenue Service (if applicable)?

501(c)(3) 501(c)(4) 501(c)(6) other (please explain) _____

All requests for affiliation are reviewed by the MHN staff. If you have any questions, or would like assistance in answering any of these questions, please call MHN at: 202-543-6461 x 101.

Please return this form to: Fax: 202-543-2727 Men's Health Network
Affiliate Application
P. O. Box 75972
Washington, D.C. 20013

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