

## Application for Oxford House Chapter Recognition

<p>Three or more Oxford Houses must apply for Chapter Recognition from Oxford House, Inc. central office. Chapters meet once a month to share their common strength, experience and hope with each other for the common good of Oxford House as a whole.</p>	<p>Each individual Oxford House listed should have either a conditional or permanent charter issued from Oxford House, Inc.'s central office. Indicate either "P" for permanent; "C" for conditional after type of charter. If the house does not yet have a charter write "None".</p>				
<b>1. Enter below the name, address and telephone number and type of charter for each house requesting Chapter Recognition.</b>					
Name of House Number One:	Name of House Number Two:				
Street Address:	Street Address:				
City, State and Zip Code:	City, State and Zip Code:				
Telephone <span style="float: right;">Type of Charter</span>	Telephone <span style="float: right;">Type of Charter</span>				
Name of House Number Three:	Name of House Number Four:				
Street Address:	Street Address:				
City, State and Zip Code:	City, State and Zip Code:				
Telephone <span style="float: right;">Type of Charter</span>	Telephone <span style="float: right;">Type of Charter</span>				
Name of House Number Five:	Name of House Number Six:				
Street Address:	Street Address:				
City, State and Zip Code:	City, State and Zip Code:				
Telephone <span style="float: right;">Type of Charter</span>	Telephone <span style="float: right;">Type of Charter</span>				
Name of House Number Seven:	Name of House Number Eight:				
Street Address:	Street Address:				
City, State and Zip Code:	City, State and Zip Code:				
Telephone <span style="float: right;">Type of Charter</span>	Telephone <span style="float: right;">Type of Charter</span>				
<b>2. Is this application for the division of an existing chapter?</b>	<b>3. If the answer to question 2 was yes, what is the name of the existing chapter?</b>				
<b>4. FEIN Number:</b>	<b>5. Name/# of the New Chapter:</b>				
<b>6. Name of Contact Person:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>7. Daytime Phone No:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>8. Email Address:</b></td> <td style="padding: 5px;"></td> </tr> </table>	<b>7. Daytime Phone No:</b>		<b>8. Email Address:</b>	
<b>7. Daytime Phone No:</b>					
<b>8. Email Address:</b>					
<b>9. Signature:</b>	<b>10. Date:</b>				

**This Side Completed by Oxford House, Inc.**

1. Date Received:

2. Action Taken:

	Approved
	More info needed

3. Date Recognition Sent:

Processed by: