



Wheels4Heroes Car Co. New Chapter Request Application

Please email all applications to directors@wheels4heroes.org

Applicant Full Name:

Date:

Phone Number:

Email Address:

City/State:

Requested Chapter Information

Requested Chapter State/Region:

Requested Chapter Name:

City

Regional Area

Full State

Other: _____

Applicant Background

Yes No Current member of Wheels4Heroes Car Co.

Yes No Prior leadership or event experience

Please explain:

Reason for Starting a Chapter

Why do you want to start a chapter?

How will your chapter support veterans and first responders?

Proposed Leadership

Chapter President (Required):

Vice President (Required):

Secretary:

Treasurer:

Chapter Plans

- Car meets
- Car shows
- Cruises
- Fundraisers
- Veteran support events
- First responder support events
- Community outreach

Additional details:

Agreement

By signing below, I understand that all Wheels4Heroes Car Co. chapters must follow organizational bylaws, chapter guidelines, and national board policies.

Applicant Signature:

Date:

National Board Use Only

- Approved
- Denied
- More Information Needed

Notes:

Authorized Officer Signature:
