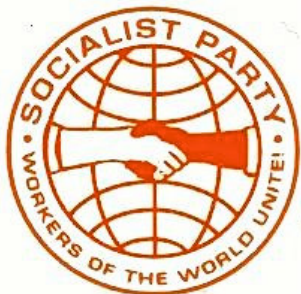


Local Charter Application



We, the undersigned members in good standing, hereby request a charter for the:

(Local Name) _____

The Local will operate in the following jurisdiction (city, geographic region, county/ies. etc.):

Signed by:
Name

Address

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A minimum of five (5) signatures is necessary to charter a local in an unorganized state. Requests for locals in chartered states must contact your State Executive Committee for procedure.

Approved this _____ day of _____ 200_

By: _____

Please forward a copy to the SP USA National Office 339 Lafayette St. #303 NY, NY 10012