



**STATE OFFICE**

**CHARTER APPLICATION**

**BRANCH OF FCRA**

FEBRUARY 2011



## NEW CHARTER

Dear Applicant:

The Board of Directors thank you for your interest in the Florida Civil Rights Association! Our members throughout the State of Florida are joined together in seeking a brighter future for communities of color.

Attached are the instructions and forms necessary to apply for a charter within the Florida Civil Rights Association. Once the application is received by the FCRA State Office, it is presented to FCRA Board for approval within a **five** (5) working day period. If there are no objections by the Board, the application is approved and the new **branch** is issued a charter and unique branch or chapter number.

The application process takes approximately **fifteen days** (15) to complete including approval and processing time. Failure to complete any part of the application package will cause delays. Once completed, a letter of acknowledgment will be mailed to the "branch president" from the FCRA State President. The charter and membership materials will be mailed out to the branch contact or organizing officer.

If you have any questions concerning FCRA or the application process, please contact the FCRA State Secretary, or visit our web site at [www.fcranews.com](http://www.fcranews.com).

If you need assistance with membership, obtaining materials, or any other need, please call FCRA State Office. I am more than happy to help you achieve FCRA's mission in your communities.

Thank you for your interest. I hope you will become part of the FCRA family in the near future.

Best wishes,

J Willie David, III  
Executive Office of the President  
Florida Civil Rights Association  
P.O. Box 593248  
Orlando, Florida 32859  
[www.fcranews.com](http://www.fcranews.com)  
[info@fcranews.com](mailto:info@fcranews.com)  
(407) 272-9254



## CHARTER APPLICATION INSTRUCTIONS

- **Application for Charter/Contact Information Form:** Complete the required information with the name of the person who will be the point of contact. This person is usually the acting branch or chapter president. The "organizing officer" is usually any current member (in good standing) who assisted and facilitated in the formation of the branch.
- **Contact Information Release Form:** This form is a contact information release waiver authorizing the FCRA State Office to post contact information on the FCRA website.
- **New Member Application:** Each new member is required to complete a new member application.
- **Charter Agreement:** This agreement is part of the by-laws of the organization that explain the responsibilities and duties of the branch, chapter, members and the state organization. Sign and date the document. Keep a copy for your records and return the original to FCRA State Secretary.
- **Worksheet and Membership Roster:** Clearly print or type the name, address city/state and zip code, telephone number with area code. Please note that **10 MEMBERS** are required to form and maintain a new branch. Include fax numbers and email address. Please list members in alphabetical order if possible.  
*Also, indicate the elected office of each member: Pres, VP, Sec, Treas., Also indicated whether Mr., Mrs., Ms., Dr., Rev. or any other relevant title.*

Once the forms are completed and the dues calculated, make your checks payable to **FCRA** for the total remittance due.

**Remember to always keep a copy of all paperwork and checks for your records.** Should you have any questions, please feel free to call FCRA State Secretary.

Mail check with completed forms to:

FLORIDA CIVIL RIGHTS ASSOCIATION  
P.O. BOX 593248,  
ORLANDO, FLORIDA 32859



## APPLICATION FOR CHAPTER CONTACT INFORMATION FORM

Name of Branch (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_

### TO FCRA BOARD OF DIRECTORS:

We, the persons whose names are attached hereto, do hereby most respectfully make application for a charter *branch* in the Florida Civil Rights Association and state that we have read, and had fully explained by one of your officers, the Aims and Purposes, the Code, the Constitution, and the policies and work of the Association. We wholeheartedly subscribe to these and pledge our unfaltering loyalty to them. We have complied with all of the instructions contained in your Constitution and By-Laws, with regard to being chartered as a branch of FCRA State Office, and hereby request that a charter be granted to our group.

\_\_\_\_\_  
Acting Branch President (print and sign name)

\_\_\_\_\_  
Acting Branch Secretary (if available)

Attested to: \_\_\_\_\_  
Branch Organizing Officer (print and sign name)

### Complete the following information for the President of the Branch.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax\* \_\_\_\_\_ Email \_\_\_\_\_

### OFFICIAL USE ONLY

Application received and reviewed this \_\_\_\_\_ day of \_\_\_\_\_, 20

Application:     Approved     Rejected

CHARTER NO. \_\_\_\_\_ ISSUED ON \_\_\_\_\_, 20



## CONTACT INFORMATION RELEASE FORM

In FCRA's ongoing effort to make our website a primary source for information we are designing a searchable online directory of FCRA branches. Through this directory visitors to the website, including but not limited to potential sponsors and partners, media, and constituents, will be able to locate local branches and chapters via the web thereby better facilitating operations of the association.

This form is a contact information release waiver authorizing the FCRA State Office to post contact information on the FCRA website: [www.fcranews.com](http://www.fcranews.com). Contact information should be provided for the branch president or designated representative.

### PERMISSION

I hereby grant permission for my contact information detailed below to be listed on the website of the Florida Civil Rights Association at [www.fcranews.com](http://www.fcranews.com).

This permission shall be terminated when I leave the specified office, or when I retract this permission, whichever shall occur first. It is the duty of the branch president or designated representative to keep contact information up-to-date for current officers.

Fill out only the information you wish to be published on the web:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Branch Web Address: \_\_\_\_\_

### SUBMITTED BY

Printed Name: \_\_\_\_\_ Branch Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- If you do not have an email account and require assistance setting one up, please contact the State Secretary of FCRA at [info@fcranews.com](mailto:info@fcranews.com).



## CHARTER AGREEMENT

Charter Number: # \_\_\_\_\_

This Agreement becomes effective as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between **FCRA BRANCH NO. \_\_\_\_\_ n/a \_\_\_\_\_** (herein referred to as “**BRANCH**”) and the **FLORIDA CIVIL RIGHTS ASSOCIATION, INC.** (herein referred to as “**FCRA**”), a state entity incorporated as a 501(c)(4) organization and registered in the State of Florida under the provisions of the Florida Non-Profit Corporation Act.

**WHEREAS**, this Agreement creates and is intended to create a network of **FCRA** Local Branches acting within their own community as chartered and authorized by the Florida Civil Rights Association, Inc., a Florida non-profit corporation acting through its President and State Board of Directors, hereinafter referred to as **FCRA STATE** to be hereinafter known as **FCRA STATE NETWORK (FSN)**; and

**WHEREAS**, the purpose of this network is to provide a vehicle within which to act and work toward the improvement of the quality of life within the State of Florida; and

**WHEREAS**, equality of opportunity and citizenship may best be achieved through the various programs and services that are offered through duly chartered and authorized **FCRA** Local Branches; and

**WHEREAS**, **FCRA STATE** owns all rights to the use of the name Florida Civil Rights Association known as **FCRA** together with all of its logos used and developed since the years 2005 when **FCRA** came into being; and

**WHEREAS**, all duly chartered and authorized **FCRA** Local Branches admit and recognize the legal right of **FCRA STATE** to require chartering and adherence to **FCRA STATE**; and

**WHEREAS**, the undersigned Branch hereby requests charter membership in **FCRA** and by doing agrees to adhere to the terms and conditions set forth herein; and

**WHEREAS**, the Branch when chartered and authorized herein, agrees to maintain a corporate ethic of excellence and fully understand that the interests of the corporation are paramount, requiring adherence to conditions and requirements of this agreement and the Florida Non-Profit Corporation Act; and

**NOW THEREFORE**, in consideration of the premises and other good and valuable consideration; the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

### ARTICLE 1: PURPOSES AND PHILOSOPHY

The purposes and philosophy of **FCRA** are set forth in detail in its Constitution and By-Laws. The Branch applying for a Charter pursuant to this Agreement agrees to accept and wholly abide by said rules and principles of purpose and philosophy.

### ARTICLE 2: CHARTER AGREEMENT

A Branch is the basic unit of active membership in **FCRA**, a state organization. Each Branch must and will be identified by a numerical figure issued when the Branch is duly chartered by the **FCRA State** Board of Directors pursuant to the terms and conditions of this charter agreement and the requirements and procedures set forth in the **FCRA** Constitution and By-Laws. Once duly chartered, the Branch shall have all the rights and powers and will be bound by the limitations and responsibilities as set forth in the **FCRA** Constitution and By-Laws, and this Agreement.

This Agreement becomes a binding contract upon its execution by the contracting parties effective on the date stated above and is renewable annually.

### ARTICLE 3: GENERAL AGREEMENT

**SECTION A: MEMBERSHIP:** There will be two kinds of membership; Sustaining membership and applying membership.

1) **SUSTAINING:** At inception of this Agreement, all currently existing and duly chartered **FCRA** Branches will be approved as “Sustaining”.

A duly chartered Sustaining Branch may apply for a **FCRA** Licensing Agreement. A **FCRA** Licensing Agreement grants the chartered Branch the right to non-exclusive use of the **FCRA** Service Marks and Trademarks in connection with the Branch’s programs and activities. The **FCRA** Licensing Agreement is a separate and distinct contractual relationship between Branch and **FCRA** State Office.

2) **APPLYING:** A duly chartered Branch which has come into existence for the first time or a Branch which has been dormant for a period in excess of 12 months and is applying for re-chartering, will be classified and recognized as an “Applying Branch”. Applying Branches is automatically placed on a 12-month probationary membership status and will be elevated to the status of Sustaining Branch upon successful completion of corporate accounting and financial reporting requirements. The primary purpose of the probationary period is to ensure that the Applying Branch evidences the willingness and ability to adhere to **FCRA**’s corporate and financial reporting requirements.

An Applying Branch will be ineligible for a **FCRA** Licensing Agreement during its probationary period. However, upon proper consideration and approval, licensing limitations may be waived in accordance with the provisions contained in the **FCRA** Licensing Agreement.

**SECTION B: FCRA** will provide administrative guidance and technical support to all duly chartered branches consistent with the terms and conditions of this Agreement, the **FCRA** Constitution and By-Laws and its economic and practical abilities and limitations.

### ARTICLE 4: COVENANTS OF CHARTERED BRANCH

**SECTION A:** The Branch shall reflect “**FCRA**” and its assigned number in its name. Branch shall be known and shall do business as it is registered with **FCRA**. The Branch shall conspicuously identify itself as a duly chartered Branch of **FCRA** in all dealings with its clients, contractors, public officials, and others, and shall prominently place appropriate notice of its charter membership on all forms, business cards, stationary, advertising, signs and other materials where **FCRA** membership is disclosed.

**SECTION B: Revenues and Expenses:** The Branch shall be solely responsible for its revenues and expenses in providing, managing, or otherwise conducting the business affairs of the Branch.

**SECTION C: Principles of Operation:** The Branch shall operate its programs, services, and business activities in keeping with the purposes, philosophy, and standards described in the **FCRA** Constitution and its By-Laws and this Agreement.

**SECTION D: Record Keeping, Accounting, and Reporting Standards:** The Branch shall open and maintain bank accounts to be used in general operational activities of the Branch as well as an account for designated specific purposes, which cannot be used for the general operational activities.

These bank accounts shall be subjected to inspection by **FCRA STATE** and their status must be reported to **FCRA STATE**.

The Branch shall keep correct, current, and complete books and records of accounts, and shall keep minutes of proceedings of its members, officers, executive committees, and committees having any authority of the Branch and shall keep at its principle office, a record of the names, addresses, and telephone numbers of its member entitled to vote.

All book and records of a Branch may be inspected by the **FCRA** State Treasurer for any purpose at any reasonable time.

**SECTION E: Financial Records and Annual Reports:** A Branch shall maintain current, true and accurate financial records with full and correct entries made with respect to all financial transactions of the Branch, including all income and expenditures in accordance with generally accepted accounting principles.

Based on these records, the officers of the council or trustees shall prepare an annual report of the financial activity of the branch or chapter. The financial report is due no later than sixty (60) days after the close of their accounting period. The report must include a statement of support, revenue, expenses, changes in fund balance, and a balance sheet for all funds. These reports are due in the **FCRA** State office as directed by the State President or State Treasurer.

All records, books, and annual reports shall be kept at the branch or chapter's principal office and shall be maintained for at least three years after closing of the accounting period.

A branch that fails to maintain financial records, prepare an annual report, or otherwise fail to follow any of the provisions herein in the manner prescribed by this section shall have its charter forfeited and/or not renewed.

**SECTION F: Service Marks and Trademarks:** When applicable. Branch agrees to cooperate with **FCRA** to protect the Service Marks of “**FCRA**” all Service Marks Trademarks, Logos, and any other service marks or trademarks registered from time to time to **FCRA**, and to protect it from unauthorized use by anyone or any entity who does not have authority from **FCRA** to display or otherwise make use of such service marks or trademarks.

Branch shall not be required to bring any legal action or proceeding to protect the marks, but shall cooperate fully with **FCRA** or any of its members who bring an action or proceeding to protect the marks.

Branch further agrees to maintain the high standards of **FCRA** in its use of such service marks and trademarks. Branch’s use, in any way, of the service mark “**FCRA**”, all service marks, trademarks, logos, and any other service mark or trademark registered to **FCRA** or any of the members shall be governed by the form of this Agreement.

**SECTION G: Personal and Real Property:** Each Branch shall have the right to acquire property, both real and personal, to facilitate the furtherance of their programs. Branch shall maintain a running inventory of any such property acquired by Branch from any and all sources.

The Branch shall provide that any property acquired is the property of **FCRA** and that it shall be turned over to the State Office or its designated Chartered Branch in the event that said Branch’s Charter become forfeited and/or not renewed by **FCRA** State.

**SECTION H: Hold Harmless:** Branch agrees to hold **FCRA** State “harmless” from any and all claims made against the Branch, Chapter or entity arising out of acts or failures to act by said Branch/entity, and to provide funds to **FCRA** State for attorney’s fees and costs resulting from and such claim.

**ARTICLE 5: COVENANTS OF FCRA**

**SECTION A: Support:** **FCRA** will provide administrative and technical assistance to its chartered branches.

**SECTION B: Advocacy:** **FCRA** will serve as an advocate at the state level to inform the public, corporate leaders and elected officials of **FCRA**’s achievements as well as the needs and issues concerning communities of color.

**ARTICLE 6: MEMBERS**

**SECTION A: Restrictions:** Unless authorized by the **FCRA** Board, the **FCRA** members, life members, and distinguished members are not allowed to use Local or State **FCRA** assets, any variation of the **FCRA** name of symbol, **FCRA** scholarship money or other **FCRA** property, either directly or implied, for personal monetary or material gain. Neither shall such members contribute or assist toward a non-members gain of **FCRA** assets that are appropriated in an unauthorized manner.

**ARTICLE 7: BRANCH IN GOOD STANDING**

**SECTION A:** Requires a minimum of **10 paid members**; all annual financial reports submitted to **FCRA** State; all assessment (100%) membership during 12 month probation period and 50% all other funds collected by the branch and late fees must paid timely to **FCRA** State.

**BRANCH PRESIDENT**

**FCRA STATE PRESIDENT**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

**BRANCH SECRETARY**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

FCRA SEAL

\_\_\_\_\_  
*Date*



## FOUNDING BRANCH CHARTER MEMBERS

*A local branch in good standing with FCRA State must maintain 10 paid members who must live or work in the city or county limits of the local branch of FCRA State*

The following 10 paid members listed below agree to work together for a probationary period of twelve (12) months to develop an active branch of FCRA in the geographic area: (Example Orlando or Orange County Branch of FCRA)

### BRANCH NAME AND LOCATION

---

### FOUNDING MEMBERS

|                 |                 |
|-----------------|-----------------|
| 01. Print _____ | 06. Print _____ |
| Sign _____      | Sign _____      |
| 02. Print _____ | 07. Print _____ |
| Sign _____      | Sign _____      |
| 03. Print _____ | 08. Print _____ |
| Sign _____      | Sign _____      |
| 04. Print _____ | 09. Print _____ |
| Sign _____      | Sign _____      |
| 05. Print _____ | 10. Print _____ |
| Sign _____      | Sign _____      |

### CHIEF ORGANIZER

Contact me first, by:  Home phone  Cell Phone  Email

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### FCRA STATE APPROVAL

Official Use Only

J Willie David, III, FCRA State President: \_\_\_\_\_ Date: \_\_\_\_\_

“PROPOSED FCRA BRANCH \_\_\_\_\_ LEADERSHIP”

**PROPOSED INTERIM OFFICERS**

|                     |   |       |        |       |
|---------------------|---|-------|--------|-------|
| President           | : | _____ | Phone: | _____ |
| 1st Vice President  | : | _____ | Phone: | _____ |
| 2nd Vice President  | : | _____ | Phone: | _____ |
| Secretary           | : | _____ | Phone: | _____ |
| Assistant Secretary | : | _____ | Phone: | _____ |
| Treasurer           | : | _____ | Phone: | _____ |
| Assistant Treasurer | : | _____ | Phone: | _____ |

**PROPOSED INTERIM EXECUTIVE COMMITTEE MEMBERS – AT LARGE**

|           |   |       |        |       |
|-----------|---|-------|--------|-------|
| Member 01 | : | _____ | Phone: | _____ |
| Member 02 | : | _____ | Phone: | _____ |
| Member 03 | : | _____ | Phone: | _____ |
| Member 04 | : | _____ | Phone: | _____ |
| Member 05 | : | _____ | Phone: | _____ |

**PROPOSED INTERIM COMMITTEE CHAIRS**

|                       |   |       |        |       |
|-----------------------|---|-------|--------|-------|
| Arts and Culture      | : | _____ | Phone: | _____ |
| Communications        | : | _____ | Phone: | _____ |
| Community Outreach    | : | _____ | Phone: | _____ |
| Criminal Justice      | : | _____ | Phone: | _____ |
| Economic Development  | : | _____ | Phone: | _____ |
| Education             | : | _____ | Phone: | _____ |
| Employment and Labor  | : | _____ | Phone: | _____ |
| Environmental Justice | : | _____ | Phone: | _____ |
| Finance               | : | _____ | Phone: | _____ |
| Foreign Affairs       | : | _____ | Phone: | _____ |
| Haitian Affairs       | : | _____ | Phone: | _____ |
| Health                | : | _____ | Phone: | _____ |
| Hispanic Affairs      | : | _____ | Phone: | _____ |
| Housing               | : | _____ | Phone: | _____ |
| Legal Affairs         | : | _____ | Phone: | _____ |
| Legislative Affairs   | : | _____ | Phone: | _____ |
| Membership            | : | _____ | Phone: | _____ |
| Religious Affairs     | : | _____ | Phone: | _____ |
| Transportation        | : | _____ | Phone: | _____ |
| Veterans Affairs      | : | _____ | Phone: | _____ |
| Youth Affairs         | : | _____ | Phone: | _____ |



# MEMBERSHIP APPLICATION

**Become Part Of A New CIVIL RIGHTS Generation!**

New Member    Renewal    Make A Donation to FCRA \$ \_\_\_\_\_

**01 MEMBER INFORMATION (please print clearly)**

Name: \_\_\_\_\_

Business/Non Profit: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**02 TYPE OF MEMBERSHIP (please check one)**

| REGULAR ANNUAL MEMBERSHIP   | LIFETIME MEMBERSHIP   |
|---|---|
| <input type="checkbox"/> Adult Member (Ages 21 & older).....\$60            | <input type="checkbox"/> Bronze Life (annual installments of \$25 or more) .....\$250   |
| <input type="checkbox"/> Youth (Ages 20 & under) .....\$20                  | <input type="checkbox"/> Silver Life (annual installments of \$100 or more) . ..... \$500   |
| <input type="checkbox"/> Small Business.....(under 10 employees)..... \$100 | <input type="checkbox"/> Gold Life (annual installments of \$200 or more) .....\$750  |
| <input type="checkbox"/> Coalition Organization Member.....\$150            | <input type="checkbox"/> Platinum Life (annual installments of \$300 or more) .....\$1,500  |
| <input type="checkbox"/> Corporate.....(over 10 employees)..... \$3,000     | Members enjoy: Subscription to FCRA E-News, FCRA Newsletter, and Networking opportunities with Civil Rights Activists, Community Leaders, Business Professionals, and Elected Officials, etc. |

**03 COMMITTEES**

**(Please check one or more committees you would like to join)**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Arts & Culture                   | <input type="checkbox"/> Environmental Justice | <input type="checkbox"/> Legal Affairs       |
| <input type="checkbox"/> Communications & Media Relations | <input type="checkbox"/> Finance               | <input type="checkbox"/> Legislative Affairs |
| <input type="checkbox"/> Community Outreach               | <input type="checkbox"/> Foreign Affairs       | <input type="checkbox"/> Membership          |
| <input type="checkbox"/> Criminal Justice                 | <input type="checkbox"/> Haitian Affairs       | <input type="checkbox"/> Religious Affairs   |
| <input type="checkbox"/> Economic Development             | <input type="checkbox"/> Health                | <input type="checkbox"/> Transportation      |
| <input type="checkbox"/> Education                        | <input type="checkbox"/> Hispanic Affairs      | <input type="checkbox"/> Veterans Affairs    |
| <input type="checkbox"/> Employment & Labor               | <input type="checkbox"/> Housing               | <input type="checkbox"/> Youth Affairs       |

**04 SIGN AND DATE**

*I agree to comply with the Officers, Board of Directors, Constitution and By-Laws, and Policies of the Florida Civil Rights Association.*

**SIGNATURE X** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**05 MAKE CHECKS AND MONEY ORDERS PAYABLE TO FCRA**

**MAILING ADDRESS**

Florida Civil Rights Association | P.O. Box 593248, Orlando, Florida 32859 | [www.fcraews.com](http://www.fcraews.com) • [info@fcraews.com](mailto:info@fcraews.com) • (407) 272-9254

Memberships and gifts to the Florida Civil Rights Association are not deductible as charitable contributions for federal income tax purpose.