



1692 E. Redbud Rd. Washington, OK 73093  
Local: 405-364-8879 Toll Free: 866-837-9122 Fax: 405-321-2850  
Email: offcmh@aol.com

A Local Chapter is a local parent/family organization that is approved to use the name *Oklahoma Federation of Families for Youth and Children's Mental Health* in its name and is entitled to full membership privileges.

This AGREEMENT of LOCAL CHAPTER status is made and entered into this day by

\_\_\_\_\_  
(Name)

which agrees as follows:

1. To endorse and promote the purposes of the Oklahoma Federation of Families for Children's Mental Health, Inc.
2. To affirm that the organization is parent-directed and exists to address attention to the needs of children and youth with emotional, behavioral or mental health needs and their families.
3. To accept that the OBLIGATIONS of CHAPTER STATUS as follows:
  - a. Will send a representative to attend the Oklahoma Federation of Families annual meeting;
  - b. Will publicize and participate in Oklahoma Federation events, conferences, meetings and programs, to the extent possible;
  - c. May include the name "*Oklahoma Federation of Families for Youth and Children's Mental Health*" in the title of the organization and on organization letterhead;
  - d. Coordinate and collaborate with the Oklahoma Federation of Families;
  - e. Consult with Oklahoma Federation Membership Committee if a local dues structure is proposed;

f. Will promote and encourage individuals, families, and organizations to join the Local Chapter.

4. To accept the BENEFITS of LOCAL CHAPTER STATUS as follows:

a. Can apply for an annual credit of up to \$250 to be used to further Local Chapter causes, contingent on the availability of funds.

b. The opportunity of receiving resources, technical support, and services from the Oklahoma Federation of Families.

c. The opportunity for representation at the annual meeting.

d. If the Local Chapter wishes to join the National Federation of Families the annual dues will be paid by the Oklahoma Federation of Families.

The undersigned family members have agreed to sign the LOCAL CHAPTER AGREEMENT on behalf of

\_\_\_\_\_  
(Name of Local Chapter)

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

Please provide us with the following information to list on our official contact list:

Staff Liaison: \_\_\_\_\_ Phone: \_\_\_\_\_

State Chapter Representative: \_\_\_\_\_

Chapter name: \_\_\_\_\_

Chapter address: \_\_\_\_\_

Tele: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

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

Approved by the Oklahoma Federation of Families: \_\_\_\_\_



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The Oklahoma Federation of Families invites you to submit a request for membership.  
No membership fee or dues are required.

**Membership Request:**

Name (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Business: \_\_\_\_\_  
Title: \_\_\_\_\_

\_\_\_\_\_ I would like to receive newsletters/information from the Federation of Families.

\_\_\_\_\_ I would like to show my support for the Federation of Families with a donation of \$ \_\_\_\_\_.

I would like to show my support for the Federation of Families in the following manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Welcome New Local Federation of Families Chapter

We are excited to have you on board as part of the statewide Federation of Families group. As a local chapter you have access to the following:

1. Representative voting slot on Federation of Families Board.
2. New Chapter start-up funds of \$250.00.
3. Ongoing Technical Assistance including:
  - a. Selected topic support
  - b. Presentation assistance
  - c. Referral source information
  - d. Individual and group support
4. Monthly Newsletters.
5. Opportunities to attend local, state, and national conferences.
6. Training opportunities.
7. Assistance with local fund raising activities.

### Requirements:

1. Inform State Federation of Families Organization of meeting times and events.
2. Disseminate information to local chapter members and community.
3. Participate in State Federation Board and their activities.
4. Report local chapter membership list at least one time per year.
5. Assist State Federation of Families Organization with feedback on policy, nominations for scholarships, articles for newsletter, etc.

We are excited to welcome you on board as a Local Federation of Families Chapter and look forward to continuing the journey our children and families are on as we work toward enriching the lives of families.

Susan Boehrer, Executive Director  
Oklahoma Federation of Families for Youth and Children's Mental Health



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### Request for Chapter Funds

Funds may be requested in advance to negate out of pocket expenses, if requested two (2) weeks in advance. First year funding does not require prior authorization. After first year, funding requests must be approved in advance.

**Procedures:**

1. Submit form - email, fax or mail (no phone in funding requests).
2. Submit original receipts by mail within 15 days of event.
3. Please call with any questions.

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

Person Requesting Funds: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date funds Needed by: \_\_\_\_\_

Mail funds to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_

Date \_\_\_\_\_