This Charter Application must be submitted within 45 days from the date of institution of auxiliary.

APPLICATION FOR CHARTER

For Presentation to the Committee on Charters

_____

Name of Auxiliary

Date of Institution:_____

Herewith are respectfully submitted the names of the Charter Applicants for a Columbiette Auxiliary located in the City of _____ in the Jurisdiction of the State of _____.

NAME	ADDRESS

As Territorial Deputy/District Deputy of District _____ in the Jurisdiction of the State of _____, I have examined the qualifications of the above applicants and have found them acceptable. I recommend that a Charter be granted.

Signature: _____

Territorial Deputy/District Deputy

Form A-104 (2015)