



Agreement to Become an Official Chapter

Name of Chapter (City/School): _____

Official Chapter Representative Name(s): _____

Affiliation (circle one): Hospice School Other

Representative Email Address: _____

Representative Phone Number: _____

Preferred Contact Method:

☐ Phone (Call) ☐ Phone (Text) ☐ Email ☐ Other (please specify):

We understand that signing this agreement makes us an official chapter of the **Hospice DreamCatchers Foundation, LLC**, and will henceforth act to fulfill the mission of the Foundation. This chapter agrees to meet all financial, legal, health, and social responsibilities as outlined in the Policy and Procedure Manual. If making any related marketing items or otherwise, we agree to include the official DreamCatchers Foundation logo as provided by the Foundation. We understand that all financial transactions must be tracked and recorded as outlined in the Manual, as failure to do so may jeopardize the future of the Foundation. We understand our responsibilities and purpose as a DreamCatchers chapter to carry out the Foundation's mission in all we do.

Signed by:

Name

Position in Chapter

Signature

Date