DOMINICAN YOUNGADULTS USA

Application for DYA USA Local Chapter

Please complete and scan this form in and send to the
Vice Predident for Dominican Mission at vpdominicanmission@gmail.com.

DYA Chapter Name _____

DYA Young Adult Chair _____ Email _____

Contact Person _____ Email _____

DYA Mentor _____ Email _____

Members	Member's Email

If you need more room for members, kindly duplicate this form and fill out the member section as needed. Each member should have a signed commitment statement to DYA USA and have paid dues for 1 year. Commitment statements and dues ($5.00 p/p) should be sent to Sr. Gina Fleming, OP at the address below.

Please provide a short description of your group

_____

_____

_____

How often will you meet? (Check One) Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other ☐

What are your chapter's goals/mission for the year?

_____

_____

_____

Signature of Young Adult Chairperson _____

Signature of Mentor _____