



633 Pennsylvania Ave NW, Washington, DC 20004 • ncnw.org • ncnwhq@ncnw.org

**NATIONAL COUNCIL OF NEGRO WOMEN, INC.
CERTIFICATION OF ORGANIZATION OF A
COMMUNITY-BASED SECTION
AND OFFICERS THEREOF**

THIS IS TO CERTIFY that in accordance with permission granted by the National Council of Negro Women, Inc., a meeting was held at _____

(Location)

_____ on _____ at _____
(Date) (Time)

at which time a Section of the National Council of Negro Women, Inc., was organized to

be known as the _____ Section of

the National Council of Negro Women, Inc., to have for its jurisdiction

_____ and to have its Headquarters at:
(Community, City, or State)

Address City State Zip Code

I further certify that the following is a true and complete copy of a certain resolution duly adopted at such meeting:

“RESOLVED: That pursuant to the conditions contained in the “Permission to Organize a Community-Based Section,” granted by the National Council of Negro Women, Inc., this Section shall, and hereby does agree with the National Council of Negro Women, Inc., to engage in activities in conformity with the National Council of Negro Women mission, Bylaws, Handbook and all policies, procedures, rules and regulations prescribed and by the Board of Directors of the National Council of Negro Women, Inc.”

I also certify that the Community-Based Section’s By-Laws were duly adopted at such meeting in accordance with the National Council of Negro Women By-Laws and Handbook.

Founder: Dr. Mary McLeod Bethune
Chair Emeritus: Dr. Dorothy Irene Height

President & CEO: Rev. Shavon L. Arline-Bradley

National Chair: Dr. A. Lois Keith

Contributions are tax-deductible.



633 Pennsylvania Ave NW, Washington, DC 20004 • ncnw.org • ncnwhq@ncnw.org

I further certify that the following are the officers of the Community-Based Section, having been duly elected to hold office until the election and qualification of their respective successors:

Name	Address	Phone	E-Mail	Year
President	_____	_____	_____	_____
1st Vice President	_____	_____	_____	_____
2nd Vice President	_____	_____	_____	_____
Secretary	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____
Certified by:	_____	_____	_____	_____
	Secretary			
Date:	_____			

A. Lois Keith
National Chair