CHAPTER CHARTER

An agreement between the Achilles International and

Name of Chapter

Name:
1. The name "Achilles International" belongs to the national/inter-
national organization, headquartered in New York City. Public
statements and written materials in the name of Achilles Inter-
national (as opposed to the name of the chapter) must receive
approval from the president or a designated representative.
2. Chapters can name themselves "Achilles Track Club - [place]",
or "Achilles - [place]"; or "Achilles International [place or name]
Chapter". The logo supplied will always say "Achilles International
- [location or chapter name]."

Membership:
3. Membership in chapters is open to people with any disability,
unless the chapter is part of a facility for a specific disability (such
as a school for the blind).

Chapter Contact:
4. Each chapter must designate a “chapter contact” who will take
responsibility for communication with headquarters and list his/her
phone number on the Achilles International website as a
public representative. This person will be considered by Achilles
International to be responsible for the chapter.
5. The internal structure is up to the chapter. It can select officers by
election or appointment. But if the chapter contact is replaced,
the new contact must sign this agreement.

Dues:
6. It is preferred that there be no dues charged to members or
volunteers. Any administrative costs should be covered by local
fundraising. Members and volunteers, however, should pay their
own race, travel and equipment expenses.

Funds:
7. Achilles International may invite members to participate in the
New York City Marathon and provide some financial support.

The undersigned agree to all conditions listed above:

Chapter Contact for: ____________________________________________ Chapter

President ____________________________________________

Address: ____________________________________________________________ Apt. #: ______________

City: __________________________ State: __________ Zip Code: __________ Country: __________________________

Telephone: __________________________ Fax: __________________________ E-mail: __________________________

President, Local Chapter (signature) __________________________ Date: __________________________

Approved by Richard Traum Ph.D. __________________________ Date: __________________________