

GInl Community Start-UP

Application Form



GInI Community Start-Up Application

Please complete this form to begin the GInI Community Start-Up process

Community Name:					
What is the proposed Community name?					
Community Type:					
☐ Geographic Community (Local Chapter)		Topic & Industry Commu	nity	Online C	ommunity
Geographic Area:					
Where will the proposed Community be located?					
City:		State(s) or province(s):			
Country:		Postal or Zip Code(s):			
Community Members:					
GInI requires an indication of the initial number of Community.	Glnl	members interested in for	ming the me	mbership of	a new
How many Glnl members are you anticipating	will j	oin your Community?			
Contacts for GInI Start-Up activiti	es				
- Two contacts are required to co-ordinate the nec	essa	ry GInI Community Start-u	ıp activities.		
- Each contact must be an active Glnl Member in a Glnl Volunteer Application and Agreement.	good	standing and will be requ	ired to comp	lete the onlin	е
- Please indicate contact name, GlnI membership	numl	ber, and email address.			
- Indicate the primary contact first.					



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Primary Contact First Name: Last Name: Nationality: Job Title: Mobile: Email: Secondary Contact First Name: Last Name: Nationality: Job Title: Mobile: Email: Mobile: Mobile: Mobile: Email: Mobile: Mob

Business Plan

GInI Membership Number:

Submission of a detailed business plan for GInI approval ensures that the proposed Community has a sustainable vision and the resources to support the future growth and maturity.

Please send Glnl Community Business Plan To community@gini.org.

Additional Information

Please provide any additional information that will support your request to start-up a new GlnI Community.

Upon approval of your Community Start-Up Application, GlnI will contact you and outline the next steps required to bring your potential Community to Community status.





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