

District _____

Date _____

**Arkansas Conference
Charter for Racial Justice Membership Action Report Form**

Name of Local Unit _____

Name/Office of Person Submitting Form _____

Contact Person Email _____ Phone # _____

Complete ONE of the following sections
(use the back of the page if necessary)

I. Continuing Member

Give an explanation and date of ONE action (see suggestions in the membership guidelines)

1. _____

II. New Member

Give an explanation and date of TWO actions (see suggestions in the membership guidelines)

1. _____

2. _____

Local Unit: Mail this completed form to your District Social Action Coordinator by August 15