APPLICATION FOR LOCAL AGENCY ACTIVATION

LETRE Agency Name: ________________________________________________________________

Address: ________________________________________________________________

City/State/Zip: ________________________________________________________________

SECTION 1

Primary Agency Coordinator: ______________________________________________________

Work Phone: _______________ Cell Phone: _______________

Email Address: ________________________________________________________________

SECTION 2

Co-Coordinator: ______________________________________________________________

Work Phone: _______________ Cell Phone: _______________

Email Address: ________________________________________________________________

SECTION 3

Regional Coordinator: __________________________________________________________

Work Phone: _______________ Cell Phone: _______________

Email Address: ________________________________________________________________

SECTION 4

SONM Local Coordinator: _______________________________________________________

Work Phone: _______________ Cell Phone: _______________

Email Address: ________________________________________________________________

By signing below you verify that you are the primary Agency Coordinator. Unless otherwise noted, only the primary Agency Coordinator will have access to the LETR Agency financial accounts. Copy this form as needed.

_________________________________ Date ______________________________
Signature

For more information, visit Torch Run online at www.SONM.org, or email us at torchrun@sonm.org.