

National Assembly to End the Iraq and Afghanistan Wars and Occupations

Application for Representation on the National Assembly's Continuations Body

[PLEASE PRINT]

Name of Organization _____

Name of representative or contact _____

Title/Position _____

Email Address _____

Home Phone _____ Work Phone _____ Cell phone -----

Cell phone _____

Website _____

Mailing Address _____

City, State, Zip _____

Name of alternative contact _____

Phone of alternative contact _____

Email address of alternative contact _____

Brief description of the purpose of your organization _____

Does your organization subscribe to the five points in the National Assembly's structure memo?
(immediate withdrawal, mass demonstrations, unity, democratic decision making, independence from political parties)

Please check: Yes ___ No ___

What year was your organization formed? _____

Number of people actively involved in your group? -----

Does your organization have regular meetings? _____

Is your organization a national organization or coalition? ----

Is your organization a local branch of a national organization? Yes --- No -----

Does your organization have paid staff? How many? _____

Please email completed form to natassembly@aol.com or mail to:
National Assembly
P.O. Box 21008
Cleveland, OH 44121
Call 216-736-4704 for more information or email the above address.