



GIO International - Global Indian Organisation

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REGISTRATION FORM TO ESTABLISH A GIO CHAPTER

To the Global Indian Organisation (GIO) Executive Committee :

We, the undersigned have decided to start a chapter of the Global Indian Organisation (GIO) in our region.

POSITION	FULL NAME	ADDRESS (N°, street,town, pin code, country)	TELEPHONE	EMAIL	SIGNATURE
PRESIDENT					
VICE PRESIDENT					
SECRETARY					
JOINT SECRETARY					
TREASURER					

CONDITIONS TO FOLLOW :

- ❖ We have read the Bylaws and we assure GIO Executive Committee that this chapter and its members will fully abide to the GIO policies, bylaws, procedures, rules and regulations and proper use of the GIO Logo.
- ❖ **GIO Constitution** (click here to read) <http://globalindianorg.com/wp-content/uploads/2022/06/GIO-Constitution-version-1.0.pdf>
- ❖ **GDPR - General-Data-Protection-Regulations** (click here to read) <https://globalindianorg.com/gdpr-general-data-protection-regulations/>
- ❖ We have ensured that there is no GIO chapter within a radius of 20 kms of our area. The GIO chapter name will be based on city and area : ex GIO Durban ...GIO Durban East
- ❖ Our GIO Chapter will participate in all GIO activities at local, global levels and communicate all GIO issues to local membership.
- ❖ Our GIO Chapter will have an elected and structured local board, giving chance and volunteering responsibilities to new members to take new positions and to move up the ladder in the organisation.
- ❖ Individual member in the GIO Chapter will pay an annual fee prescribed by the chapter Executive Committee.
- ❖ So as to remain in a « Good Standing Chapter » status, the GIO chapter will pay an annual fee to the GIO head office **(Free for the moment)**
- ❖ Local GIO Chapter member can become GIO Life members at global level which can help them to become main officers of GIO at global levels.
- ❖ GIO Chapter can have sub committes : Youth, Women, Health and Wellness, Business, Culture...etc and will organise events for the children, women or senior citizens of the community.

NAME :

SIGNATURE :

DATE : /...../