



THE UNITED STATES JUNIOR CHAMBER®

GREEN CHIP PROGRAM

CERTIFICATION FORM

Chapter name _____ State _____ Chapter number _____

The Green Chip program will serve as a ninety-day activation program for newly extended chapters. Successful completion of these programs will be recognized annually. Chapters must complete the Certification Form within the designated time period, attach all requested documentation, and submit to the **State Office**. States, upon certification, send only the completed Certification Forms to:

THE UNITED STATES JUNIOR CHAMBER BLUE CHIP PROGRAM MANAGER
PO Box 7 • Tulsa, OK 74102-0007 • fax 918.584.4422

1. Complete the following demographic information for the chapter — utilize information from the member survey

Age of membership

_____ % 21-27
 _____ % 28-33
 _____ % 34-39

Marital Status

_____ % Single
 _____ % Married

Children

_____ % 0 children
 _____ % 1-3 children
 _____ % 3 or more

Education Level

_____ % HS Graduate
 _____ % College Degree
 _____ % Graduate Degree
 _____ % Vocational

Income Level

_____ % \$0 - \$20,000
 _____ % \$20,001 - \$35,000
 _____ % \$35,001 - \$50,000
 _____ % \$50,001 +

Jaycee Experience

_____ % 0 - 1 year
 _____ % 1 - 3 years
 _____ % 3+ years

2. Indicate what professions are represented in your membership

- | | | |
|--|---|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Engineer | <input type="checkbox"/> Real Estate Agent |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Stock Broker | <input type="checkbox"/> Restaurant Manager |
| <input type="checkbox"/> Mechanic | <input type="checkbox"/> Librarian | <input type="checkbox"/> Retail Salesperson |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Bartender | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Teacher/Professor |
| <input type="checkbox"/> Police Officer | <input type="checkbox"/> Salesperson | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Paramedic | <input type="checkbox"/> Postal Worker |
| <input type="checkbox"/> Paralegal | <input type="checkbox"/> Bank Manager | <input type="checkbox"/> Detective |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Politician | <input type="checkbox"/> Newspaper Reporter |
| <input type="checkbox"/> Gov't Employee | <input type="checkbox"/> Radio Personality | <input type="checkbox"/> Business Owner |
| <input type="checkbox"/> Insurance Agent | <input type="checkbox"/> Nurse | <input type="checkbox"/> Architect |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Landscaper |
| <input type="checkbox"/> Car Dealer | <input type="checkbox"/> Fire Fighter | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Investment Counselor | <input type="checkbox"/> Other |

FIRST-MONTH REQUIREMENTS

- Submit a chapter roster (attach copy)
- Set date, time, and location for the meeting :
 Date: _____ Time: _____ Meeting location: _____
- Conduct a member survey (attach copy)
- Collect a list of prospective members from each member (attach copy)
- Set date, time, and location for the next meeting :
 Date: _____ Time: _____ Meeting location: _____
- Recruit a minimum of 1 (one) new member
- Conduct a New Member Orientation (See Green Chip Tips and Suggestions)
- Establish Community Area of Opportunity, Individual Area of Opportunity, and Management Area of Opportunity committees with chairpeople utilizing all chapter members
- Set dates, time, and locations for committee meetings
 Date: _____ Time: _____ Location: _____
 Date: _____ Time: _____ Location: _____
 Date: _____ Time: _____ Location: _____

SECOND-MONTH REQUIREMENTS

- Conduct Community, Individual, and Management committee meetings
- Conduct a monthly general membership meeting
- Develop a chapter call list for committee chairpeople (attach copy)
- Publish a newsletter (attach copy)
- Complete chapter Bylaws (attach copy)
- Begin chapter incorporation process (contact state Legal Counsel for assistance)
- Conduct a Community, Individual, or Ways and Means project (see Green Chip Tips and Suggestions)
- Recruit a minimum of 1 (one) new member
- Conduct a New Member Orientation (See Green Chip Tips and Suggestions)
- Visit another Junior Chamber chapter in the state

Name of chapter _____ Visitation date _____

THIRD MONTH REQUIREMENTS

- Conduct an Individual Area of Opportunity project (see Green Chip Tips and Suggestions)
- Conduct a Charter Night (have each member bring a prospective member)
- Conduct monthly general membership meeting
- Conduct a Community Area of Opportunity or Ways and Means project (see Green Chip Tips and Suggestions)
- Submit an article to the local newspaper (attach copy of article, even if not published)
- Publish a newsletter (attach copy)
- Begin a Springboard program
- Submit a Green Chip application
- Complete a Plan of Action (attach copy)
- Recruit a minimum of 1 (one) new member
- Conduct a New Member Orientation
- Conduct elections
- Complete an officers' roster (attach copy)
- Set date for Board of Directors meeting

Date: _____ Location: _____

REQUIREMENTS TO BE COMPLETED BY END OF 90-DAY PERIOD

- Conduct a total of three chapter projects (one Community, one Individual, and one Ways and Means) by the end of the third full month after submission for affiliation
- Obtain a total of 10 additional members by the end of the third full month after submission for affiliation verified by The U.S. Junior Chamber (please note, transfers-in do not count toward Green Chip membership requirements)
- Complete proposed Membership Plan for the year

Proposed/Actual

<i>Month</i>	<i>Number Due</i>	<i>Number Retained</i>	<i>Number New</i>	<i>Month End</i>
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

“I certify that the information contained in this document is true and the chapter indicated meets the criteria for Green Chip for the year ending December 31, 2005.”

State President signature _____ Date _____

Complete the Certification Form within the designated time period, attach all requested documentation and submit to the **State Office**. States, upon certification, send only the completed Certification Forms to:

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