



**GLUTEN
INTOLERANCE
GROUP**

Empowering Leaders



Providing a foundation of support to assist GIG Leaders
to effectively meet the needs of GIG members and community.

Gluten Intolerance Group Branch Inquiry

Date: _____

Group Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Contact Phone #: _____

Contact e-mail: _____ Website (if applicable): _____

1) Our group is interested in becoming a Branch ___ Yes ___ No

2) Is your group currently affiliates with another national organization? ___ Yes ___ No

If so which organizations? _____

3) Does your group currently have not for profit status? ___ Yes ___ No

4) When was your group established? _____

5) How many members to you have? _____

6) What can GIG® do for your organization? _____

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