THIS IS TO CERTIFY that in accordance with permission granted by the National Council of Negro Women, Inc., a meeting was held at ________________________________ (Location)

_________________ on ______________________ at ____________________ (Date) (Time)

at which time a Section of the National Council of Negro Women, Inc., was organized to be known as the ___________________________________________ Collegiate Section of the National Council of Negro Women, Inc., to have for its jurisdiction ___________________________________________ and to have its Headquarters at:

____________________________________________________________________________ (College/University)

Address City State Zip Code

I further certify that the following is a true and complete copy of a certain resolution duly adopted at such meeting:

“RESOLVED: That pursuant to the conditions contained in the “Permission to Organize a Collegiate Section,” granted by the National Council of Negro Women, Inc., this Section shall, and hereby does agree with the National Council of Negro Women, Inc., to engage in activities in conformity with the National Council of Negro Women mission, Bylaws, Handbook and all policies, procedures, rules and regulations prescribed and by the Board of Directors of the National Council of Negro Women, Inc.”

Founder: Dr. Mary McLeod Bethune  
Chair: Dr. A. Lois Keith

President & CEO:  Executive Director:  Chief Operating Officer:  
I also certify that the Collegiate Section’s By-Laws were duly adopted at such meeting in accordance with the National Council of Negro Women By-Laws and Handbook.

I further certify that the following are the officers of the Collegiate Section, having been duly elected to hold office until the election and qualification of their respective successors:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>E-Mail</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
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</tr>
<tr>
<td>1st Vice President</td>
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<tr>
<td>2nd Vice President</td>
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<tr>
<td>Secretary</td>
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<tr>
<td>Treasurer</td>
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</tbody>
</table>

Certified by: ____________________________________ Secretary

Date: _________________________________________

Certified by: ____________________________________ Advisor

Date: _________________________________________

______________________________
Dr. A. Lois Keith
National Chair