NATIONAL COUNCIL OF NEGRO WOMEN, INC.
CERTIFICATION OF ORGANIZATION OF A
COMMUNITY-BASED SECTION
AND OFFICERS THEREOF

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 ________________________________________________ Section of the National Council of Negro Women, Inc., to have for its jurisdiction ________________________________________________ and to have its Headquarters at: ____________________________________________

(Community, City, or State)

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 Community-Based 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.”

I also certify that the Community-Based Section’s By-Laws were duly adopted at such meeting in accordance with the National Council of Negro Women By-Laws and Handbook.

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

President & CEO: President & CEO: President & CEO:
Shavon Arline-Bradley, MPH, M.Div. Executive Director: Executive Director:
Janice L. Mathis, Esq. Chief Operating Officer: Chief Operating Officer:
Krystal Ramseur, MPA
I further certify that the following are the officers of the Community-Based 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>
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<tbody>
<tr>
<td>President</td>
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<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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Certified by:  
Secretary

Date:  

A. Lois Keith
National Chair