



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 and Partner Organization Inquiry

Group Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Contact Phone #: _____

Contact e-mail: _____

Web site (if applicable): _____

- 1) Our group is interested in becoming a _____ Branch _____ Partner with GIG.
- 2) Is your group currently affiliated 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? _____