APPENDIX B: CHAPTER FORMATION PLANNING WORKSHEET

Proposed Name of Local/Student Chapter: __________________________________________________________

☑ Reviewed/affirm the ASA Statement of Faith.
☑ Reviewed the ASA Chapter Handbook.

Designated contact to the ASA Office:

Name:                                                                                                  
Address:                                                                                               
City/ST/Zip:                                                                                             
Email:                                                                                                  
Phone:                                                                                                  

Local Chapter Officers: Indicate person to be designated as office, with current ASA member type, professional title, and highest degree earned. One individual can serve in up to two positions, but each chapter must maintain a minimum of three officers.

President (required):                                                                                   
Webmaster (required):                                                                                   

Designate at least one of the following three positions:

Vice President:                                                                                          
Secretary/Treasurer                                                                                      
Member-at-Large                                                                                           

Student Chapter Founding Members: Indicate Faculty Advisor(s) and founding Student Members.

Advisor #1 (required):

Name: __________________________________________________________

ASA Member Type: ________________ # Years of Membership: ________________

Highest degree earned/field: ______________________________________
Professional title: ________________________________________________

Student #1

Name: __________________________________________________________

ASA Member Type: ________________ # Years of Membership: ________________

Advisor #2 or Student #2:

Name: __________________________________________________________

ASA Member Type: ________________ # Years of Membership: ________________

Highest degree earned/field (if applicable): __________________________
Professional title (if applicable): ________________________________

Why do you want to start up a new ASA Local/Student Chapter? ________________________________

________________________________________

What geographic area will your Chapter serve – indicate by institution and/or zip codes? ________________

________________________________________

Write a statement of purpose for your Chapter? How do you desire to serve your local ASA members and what will you do to accomplish this? ________________________________

________________________________________

What is your desired timeline?

Announcement of new Local/Student Chapter: ________________

First Chapter meeting: ________________

Brainstorm ideas for Chapter events, venues, speakers, etc.