APPENDIX C: APPLICATION FOR FORMATION OF ASA LOCAL CHAPTER

We, the undersigned, petition the American Scientific Affiliation to establish a Local Chapter to be called:

________________________________________________________

We affirm the ASA Statement of Faith and commit to adherence of the policies of the ASA as stated in the ASA Chapter Handbook. The contact person and officers of the Local Chapter are as follows:

**Designated contact to the ASA Office:**

Name: ____________________________________________
Address: __________________________________________
City/ST/Zip: ________________________________________
Email: ____________________________________________

Chapter geographic area – by institution(s) and/or zip codes? ______________________________

**Officers:**

President (required):

Name: ____________________________________________
ASA Member Type: ____________________________ # Years of Membership: __________
Highest degree earned/field: __________________________
Professional title: ___________________________ E-mail: ____________________________

Webmaster (required but can be one of the officers):

Name: ____________________________________________
ASA Member Type: ____________________________ # Years of Membership: __________
Highest degree earned/field: __________________________
Professional title: ___________________________ E-mail: ____________________________

Designate at least one of the following three officers (or two if Webmaster and President are the same person): Vice President, Secretary/Treasurer, or Member-at-Large.

Office: ____________________________________________
Name: ____________________________________________
ASA Member Type: ____________________________ # Years of Membership: __________
Highest degree earned/field: __________________________
Professional title: ___________________________ E-mail: ____________________________

Office: ____________________________________________
Name: ____________________________________________
ASA Member Type: ____________________________ # Years of Membership: __________
Highest degree earned/field (if applicable): __________________________
Professional title: ___________________________ E-mail: ____________________________

**Vision/Purpose Statement:**
Please attach a brief statement outlining your purpose for starting a new ASA Local Chapter, and your vision for how the Chapter will serve local ASA members and your local community.

**Authorized Signatories:**

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Approved by ASA Executive Director: __________________________ Date: ______________

V1.4 (7/2019)