

APPENDIX D: APPLICATION FOR FORMATION OF ASA STUDENT CHAPTER

We, the undersigned, petition the American Scientific Affiliation to establish a Student Chapter to be affiliated with the following school/college/university:

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 Faculty Advisor and student leaders of the Student Chapter are as follows:

Faculty Advisor to serve as Designated contact to the ASA Office:

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

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

Founding Chapter Members:

Advisor #1 (required):

Name: _____
ASA Member Type: _____ # Years of Membership: _____
Highest degree earned/field: _____
Professional title: _____ E-mail: _____

Student #1

Name: _____
ASA Member Type: _____ # Years of Membership: _____
Professional title: _____ E-mail: _____

Advisor #2 or Student #2:

Name: _____
ASA Member Type: _____ # Years of Membership: _____
Highest degree earned/field (if applicable): _____
Professional title: _____ E-mail: _____

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

Name: _____

Vision/Purpose Statement:

Please attach a brief statement outlining your purpose for starting a new ASA Student Chapter, and your vision for how the Chapter will serve local ASA members and your campus, and your local community.

Authorized Signatories:

Membership Type	Name (Please Print)	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Approved by ASA Executive Director: _____ Date: _____