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.

Chair (required): ________________________________________________

______________________________________________________________

Designate two of the following three positions:

Co-Chair: ________________________________________________________

______________________________________________________________

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/Student #2 (optional):

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? ____________________________

______________________________________________________________________

______________________________________________________________________

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.