

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.