

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: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Founding Chapter 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): \_\_\_\_\_

**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: \_\_\_\_\_