



Letter of Intent

Intent to become an International Affiliate of the Association for Strategic Planning

DATE SUBMITTED: _____

PROPOSED AFFILIATE: "Association for Strategic Planning- _____
_____"

(City/Metro) (Country)

Instructions

1. Complete this Letter of Intent form once your group has decided to pursue designation as an International Affiliate of the Association for Strategic Planning.
2. The Letter of Intent form must be fully completed including the contact information. Instructions and guidelines specific to each of the sections of the form are included on the form itself (*in italics*).
3. Mail, fax or e-mail your completed Letter of Intent form (all sections) to:

Executive Director
Association for Strategic Planning
411 Richmond Street East, Suite 200
Toronto, ON M5A 3S5
Canada
Ph. 1-844-345-2828
Fax 416-929-5256
email: executivedirector@strategyassociation.org
4. Keep at least one copy for your records.
5. If the Letter of Intent form is not complete, ASP reserves the right not to consider your application.
6. If you have questions or need to consult with ASP about your application, please contact the Executive Director at the ASP office in Toronto, ON. We expect questions and we look forward to helping you in any way we can.

Letter of Intent

All official communications from ASP with the International Affiliate Applicant Group will be with the International Affiliate Applicant Group President. Please complete the information below to ensure that you receive all relevant information and updates regarding your application.

International Affiliate Applicant Group Name:	
International Affiliate Applicant Group President:	
Contact Information for the International Affiliate Applicant Group President	
Mailing Address:	
City, State ZIP:	
Phone:	
Fax:	
E-mail Address:	

Please check to indicate acceptance:

A. The governing body of the International Affiliate Group Applicant (or a delegated authority for the group) has reviewed the Criteria for International Affiliate Status. _____

B. The governing body of the International Affiliate Group Applicant (or a delegated authority for the group) has determined that it wishes to serve the following geographic area:

C. Proposed name of International Affiliate:

“Association for Strategic Planning _____ ”
(City/Metro) (Country)

D. Possible Geographic Conflict:

Description of the geographical boundaries of the proposed International Affiliate must be clear. The area over which an International Affiliate may have jurisdiction shall not conflict with the area of any existing International Affiliate. In the event of a conflict it must be resolved by the Association for Strategic Planning through (1) a revision of the area described in the petition to eliminate the conflict, or (2) written consent of the existing International Affiliate with which there is a conflict to a revision of its area of jurisdiction, together with a description of the area as it would be established after revision.

E. Names, addresses and designations of the proposed officers. Their Bios must be included.

President: _____
Vice President _____
Secretary _____
Treasurer _____
Other Board Members _____

F. Personal signatures of at least seven persons who propose to form the International Affiliate and who are working within the described area.

SIGNATURE PRINTED NAME EMAIL ADDRESS ASP MEMBER (Y/N)

G. A copy of the Certificate of Incorporation or similar fundamental document and of the By-Laws or similar governing document which the proposed International Affiliate will adopt upon approval of a signed Memorandum of Understanding (Or date when it will be provided ASP).

We understand that the proposed geographic territory is subject to modification by ASP following consultation with the President of the International Affiliate Group Applicant. This Letter of Intent form represents the intention and commitment of the above named International Affiliate Applicant Organization to seek and apply for status as an International Affiliate of the Association for Strategic Planning. On the behalf of the above named International Affiliate Applicant Group, I represent that this statement of intent is true and accurate and that I am authorized to sign this Letter of Intent form on the behalf of the International Affiliate Applicant organization.

Submitted:

(Signature of Authorized Agent for International Affiliate Applicant)

Approved:

(Signature/Title—For the Board of Directors ASP) Print Name

Date

Not Approved and Why?
