AAAR Student Chapter Application Form

To become an official AAAR Student Chapter, please complete the following information:

Rationale for Chapter: Please provide a brief explanation on why chapter status is being sought. (complete on a separate page.)

Student chapter leadership and members: Please provide the following information:

I. Name of Institution: _____

II. Faculty advisor's name, position, mailing address, e-mail address, and telephone number:

Name: _____Email: _____

Position: _____Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

III. Student chapter representatives' names and e-mail addresses (*indicates student chapter president):

*Name: _____   Email: _____

Name: _____   Email: _____

Name: _____   Email: _____

Name: _____   Email: _____

Name: _____   Email: _____

IV. Are the Student chapter representatives dues-paying AAAR members?
___ Yes ___ No

Note: In order to complete your application, the student chapter representatives MUST become dues-paying AAAR members. Student dues are $38/year. For information on becoming an AAAR member, please visit: https://www.aaar.org/join/

Acceptance of AAAR Student chapter requirements:

Please indicate that you have read and agreed to the requirements and standards of conduct for AAAR Student chapters by completing this page and affixing your signatures below.

Have you read the requirements and standards of conduct for AAAR Student Chapters?
_____ Yes _____ No

Does your organization meet the basic requirements for AAAR Chapter status?
_____ Yes _____ No

Do you agree to advance the AAAR mission, vision, and goals? _____ Yes _____ No

Are you willing and able to submit an annual report to AAAR on your chapter's activities throughout the school year each May? _____ Yes _____ No

Name of Institution: _____

Faculty Advisor: _____ _____ _____
                          (printed name)   (signature)   (date)

Chapter president: _____ _____ _____
                          (printed name)   (signature)   (date)

Return completed sheet to:

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(703) 435-4390 Fax