## 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:

## Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Faculty advisor’s name, position, mailing address, e-mail address, and telephone number:

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Student chapter representatives’ names and e-mail addresses (\*indicates student chapter president):

## \*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 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:

American Association for Aerosol Research   
11130 Sunrise Valley Drive, Suite 350   
Reston, VA 20191  
[info@aaar.org](mailto:info@aaar.org)  
(703) 23404128 Direct  
(703) 435-4390 Fax