

**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:

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