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/](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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Reston, VA 20191
info@aaar.org
(703) 23404128 Direct
(703) 435-4390 Fax