

Chapter Formation Application



Chapter Contact: _____
Title: _____
Institution: _____
Email: _____
Application date: _____

Provide three chapter name options:

1st choice: _____
2nd choice: _____
3rd choice: _____

Please provide contact details of individuals who have volunteered for board roles for this APS Chapter:

Role	Name	Title	Institution	Email
President				
President-elect				
Secretary				
Treasurer				
Other (list role)				

1. Which states/regions will this chapter cover?
2. Will there be an impact to any existing APS chapters?
 - a. If so, please list the chapter(s):
3. How many existing members are in this geographic area?
4. How many potential members are in this geographic area?
5. List the current prospect institutions in this geographic area: