



APS Chapter Formation Application

Chapter contact: Title:
 Institution: Email:
 Application date: APS member? Yes No

Provide three chapter name options:

1st choice:

2nd choice:

3rd choice:

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

President (*APS membership required*)

<i>Name</i>	<i>Title</i>	<i>Institution</i>	<i>Email</i>
President-elect (<i>APS membership required</i>)			

<i>Name</i>	<i>Title</i>	<i>Institution</i>	<i>Email</i>
Secretary			

<i>Name</i>	<i>Title</i>	<i>Institution</i>	<i>Email</i>
Treasurer			

<i>Name</i>	<i>Title</i>	<i>Institution</i>	<i>Email</i>
Other (list role)			

<i>Name</i>	<i>Title</i>	<i>Institution</i>	<i>Email</i>
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Which states/regions will this chapter cover?

Will there be an impact to any existing APS chapters?
If so, please list the chapter(s).

How many potential chapter members (physiology-related researchers, educators, students, trainees) are in this geographic area?

Researchers	Educators	Students	Trainees
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List the institutions in the geographic area: