NEW and RENEWAL ASLTA CHAPTER / GROUP AFFILIATION APPLICATION

_____ Chapter (complete all information below)            _____ Group (go to Group section below)

Name of ASLTA Chapter: ________________________________________________________________

History: What year did Chapter establish? ____________
other old chapter name before this? _________________________________________________

Any old Bylaws before this you can send and share? Y_____ N _____ N/A ______

Chapter Officers:
President’s Name: ________________________________________________________________

Email:__________________ Text: __________________ VP: ___________________

President's Term of Office: From date to date: ______________________

Vice President’s Name: ____________________________________________________________

Email:__________________ Text: __________________ VP: ___________________

Vice President's Term of Office: _________________________________________________

Vice President’s Term of Office: From date to date: ______________________

Secretary’s Name: _______________________________________________________________

Email:__________________ Text: __________________ VP: ___________________

Your Secretary Term of Office: From date to date: ______________________

Treasurer____________________________________________

Email:__________________ Text: __________________ VP: ___________________

Your Secretary Term of Office: From date to date: ______________________

Professional Development Chair’s Name: _________________________________

Email:__________________ Text: __________________ VP: ___________________

Your Professional Development Chair Term of Office: From date to date: __________________
Chapter Members: __________________________ ______________________________

__________________________ ______________________________

__________________________ ______________________________

Phone (Main)         _______________________________________________________

Email (Main)           _______________________________________________________

Street address       _______________________________________________________

City/State/Zip        _______________________________________________________

Facebook page     _______________________________________________________

Website:   _______________________________________________________

Please attach chapter bylaws and send completed form with check/money order along either $100 NEW application fee OR $50 Annual Dues to chapters@aslta.org to:

ASLTA Treasurer
PO Box 64801
Rochester, NY 14624

GROUPS   Group name _________________________________     Date established ________

Leader name ______________________________________________

Group Address ___________________________, City _______________State ____ Zip ______

Email _______________________   Text ___________________________ VP _______________

Members ______________________________          _____________________________

______________________________          _____________________________

______________________________          _____________________________

Please send this completed form with check/money order along with $75 annual dues to:

ASLTA Treasurer
PO Box 64801
Rochester, NY 14624

For Office Use Only

Date Rec’d: ______________________________

Check/MO#: ___________________

Amount: ___________________