



# AMERICAN SIGN LANGUAGE TEACHERS ASSOCIATION

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 with completed form to [chapters@aslt.org](mailto:chapters@aslt.org) and check or money order for your chapter's annual dues to:

ASLTA Treasurer  
PO Box 64801  
Rochester, NY. 14624

**For Office Use Only**

**Date Rec'd:** \_\_\_\_\_

**Check/MO#:** \_\_\_\_\_

**Amount:** \_\_\_\_\_