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@aslta.org and check or money order for your chapter's annual dues to:

ASLTA Treasurer
PO Box 64801
Rochester, NY. 14624

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