

## CSTA Chapter Application

Name of Proposed Chapter: \_\_\_\_\_

Founding Members (name, organization, and e-mail address – at least two must be from different institutions – all must be CSTA members in good standing):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Chapter Leadership (name, title, e-mail address - all must be current CSTA members):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Mailing address for Primary Chapter Contact:

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Proposed regular chapter membership meetings (e.g., 5:30pm, second Monday of the month): \_\_\_\_\_

Please attach the following supporting documents:

- Chapter bylaws meeting conditions stated in CSTA chapter requirements
- Proposed plan of chapter activities for upcoming year
- Complete membership list