



American Association of Avian Pathologists Student Chapter Application

Thank you for your interest in becoming an AAAP Student Chapter. We are excited to have your Student Chapter join the AAAP community. Please let us know if there is anything we can do to support your new chapter.

Please submit with this form the following materials:

- Proof of Student Group status:
This can be a copy of the college or university recognition form for student organizations, submitted to the college or university where the student group is affiliated.
- Letter from Student Chapter Advisor:
The Student Chapter Advisor must be a member of the faculty at the college or university where the Student Chapter is affiliated and an AAAP Member. The letter must be on college/university or department letterhead and states the faculty member's intent to be the Student Chapter Advisor.
- Please provide a proposed name for your student chapter.

Student Chapter Name

A minimum of three core Student Chapter members must be student members of the AAAP. Please provide the names and AAAP member ID of three core student members. Core students are not required to be Student Chapter officers.

_____ Last Name	_____ First	_____ Signature	_____ AAAP ID
_____ Last Name	_____ First	_____ Signature	_____ AAAP ID
_____ Last Name	_____ First	_____ Signature	_____ AAAP ID

Please submit complete application, electronically or in hard copy form, to:

AAAP
12627 San Jose Blvd., Suite 202
Jacksonville, FL 32223-8638
aaap@aaap.info

Please submit between May 1 and June 30 of each academic year:

- Annual Chapter Report (Outstanding Student Chapter Award Application):
Each Student Chapter **must** turn in an Annual Report to the AAAP office, in order to remain a recognized Student Chapter by AAAP. The Annual Chapter Report serves as an application for the "Outstanding Student Chapter Award" and renews the Student Chapter status. Please note that individual Student Membership must be renewed annually.

Student Advisor Information:

_____ Last Name	_____ First	_____ Signature	_____ AAAP ID
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AAAP will notify your Advisor when your complete application has been processed.