

Student Chapter Application Form

To become an official AIBS Student Chapter, please complete the following information:

Rationale for Chapter: Please provide a brief explanation on why chapter status is being sought. (If necessary, complete on a separate page.)

Student chapter leadership and members: Please provide the following information:

- I. Name of Institution: _____
- II. Type of Institution (check one):
 Four-year college or university
 Two-year, community, or junior college
 High school
- III. Faculty advisor's name and position: _____
- IV. Faculty advisor's mailing address, e-mail address, and telephone number:

- V. President's name and e-mail address: _____

- VI. Student chapter representative's name and e-mail address:

- VII. Is the Student chapter representative a dues-paying AIBS member?
___ Yes ___ No

Note: In order to complete your application, the student chapter representative MUST become a dues-paying AIBS member. Student dues are \$20/year. For information on becoming an AIBS member, please visit: <http://www.aibs.org/individual-membership/>

- VIII. Mailing addresses of five students who wish to receive complimentary BioScience subscriptions (note that the Student Chapter Representative will receive a subscription as part of his/her membership):

- IX. E-mail addresses of students who wish to be added to the AIBS Student Chapters E-mail discussion list:

Acceptance of AIBS Student chapter requirements:

Please indicate that you have read and agreed to the requirements and standards of conduct for AIBS Student chapters by completing this page and affixing your signatures below.

Have you read the requirements and standards of conduct for AIBS Student Chapters?
____ Yes _____ No

Does your organization meet the basic requirements for AIBS Chapter status? _____ Yes
_____ No

Do you agree to advance the AIBS mission, vision, and goals, and observe the AIBS Code of Ethics? _____ Yes _____ No

Are you willing and able to submit an annual report to AIBS on your chapter's activities throughout the school year each June? _____ Yes _____ No

Name of Institution: _____

Faculty Advisor: _____
(printed name) (signature) (date)

Chapter president: _____
(printed name) (signature) (date)

Return completed sheet to:
Abraham Parker
Education and Outreach Program Associate
American Institute of Biological Sciences
1444 Eye St. NW Suite 200
Washington, DC 20005
aparker@aibs.org