



## ASCD Student Chapter Application

1. College or University: \_\_\_\_\_

2. Accreditation: \_\_\_\_\_  
(Specify state, region, or national accrediting organization)

3. Faculty Advisor: \_\_\_\_\_

Title: \_\_\_\_\_ ASCD Membership #: \_\_\_\_\_

School Address: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

4. Student Leader: \_\_\_\_\_

Grade Level: \_\_\_\_\_ ASCD Membership #: \_\_\_\_\_

School Address: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

I have read and understand the conditions for establishing an ASCD student chapter and affirm that our chapter meets all the criteria on "How to Start an ASCD Student Chapter."

Faculty Advisor: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Student: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Please email completed application, chapter constitution, and school/department letter of chapter recognition to [wmckenzie@ascd.org](mailto:wmckenzie@ascd.org) or by postal service to Walter McKenzie, ASCD Senior Director for Constituent Services, 1703 North Beauregard Street, Alexandria, VA 22311