APPLICATION FOR THE ESTABLISHMENT
OF A COLLEGE/UNIVERSITY CHAPTER

Name of Chapter: _____________________________________________

Chapter President: ___________________________________________

Business Address of Chapter: __________________________________

City: ______________________ State/Province: __________ Zip/Postal Code: __________

Phone: _____________________ Email: __________________________

Number of Members in Chapter: __________

A professional chapter must have at least five Professional Members of good standing, of which three shall be General Members. Please complete the attached members list and ensure all individuals are active AISES members. Contact AISES Membership at 505-765-1052, if you have membership questions.

We, the professional chapter members and our Chapter President, have read, understood, and accepted the duties and responsibilities set forth in the Code of Conduct, Professional Bylaws and Affiliate Agreement for the Professional Chapters of AISES.

__________________________________________
Signature of Chapter President

__________________________________________
Date

You will be notified upon completion of review and approval by AISES.

Return completed form to:

6321 Riverside Plaza Ln, Unit A
Albuquerque, New Mexico 87120

Or email to: engagement@aises.org
AISES Professional Chapter Members List

At least 5 members, of which three shall be General Members, in good standing, must be listed for consideration.

A General member is classified as an American Indian, Alaska Native, Native Hawaiian, Pacific Islander, First Nations, and other Indigenous Peoples of North America who has a bachelor’s or advanced degree in engineering or science; having an associate degree in engineering or science with engineering or scientific work experience; having a bachelor’s degree in engineering technology with engineering work experience.

1. Name: __________________________________________ Email: _____ Phone: __
   * Tribal Affiliation(s): ____________________________
   * Degree Information: ____________________________

2. Name: __________________________________________ Email: _____ Phone: __
   * Tribal Affiliation(s): ____________________________
   * Degree Information: ____________________________

3. Name: __________________________________________ Email: _____ Phone: __
   * Tribal Affiliation(s): ____________________________
   * Degree Information: ____________________________

4. Name: __________________________________________ Email: _____ Phone: __
   * Tribal Affiliation(s): ____________________________
   * Degree Information: ____________________________

5. Name: __________________________________________ Email: _____ Phone: __
   * Tribal Affiliation(s): ____________________________
   * Degree Information: ____________________________

* Required for AISES General Member Status

Contact the Membership Department at (505) 765-1052 or membership@aises.org if there are any questions.