

Natural Areas Association

Student Chapter Application



1. **College or University:** _____

2. **Accreditation:** _____
(Specify state, region, or national accrediting organization)

3. **Faculty/Staff Advisor:** _____

Title: _____
School Address: _____
Telephone: (____) _____ **Fax:** (____) _____
E-mail: _____

4. **Student Leader:** _____

Grade Level: _____
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 outlined in the NAA Student Chapter Guidelines.

Faculty Advisor: _____ **Date:** _____
(Signature)

Student: _____ **Date:** _____
(Signature)

Please fax or mail completed application, chapter constitution, and school/department letter of chapter recognition to:

Natural Areas Association
C/o Student Program Committee
P.O. Box 1504
Bend OR 97709
USA

Tel: 541 317 0199
Fax: 541 317 0140