



NEW STUDENT CHAPTER APPLICATION

PLEASE PRINT OR TYPE

Name of Proposed Student Chapter: _____

Name of Institution and Department Address for Student Chapter: _____

List of Faculty Advisor(s) Endorsing Student Chapter

<i>Name</i>	<i>Institution</i>	<i>ECS ID#</i>	<i>Phone #</i>	<i>Email</i>	<i>Signature</i>

Primary Student Contact Name: _____

Primary Student Contact Email Address: _____

Primary Student Contact Mailing Address: _____

Student Chapter Member Roster (Minimum of 6 members required)

	<i>Name</i>	<i>Email Address</i>	<i>If current members, ECS ID #</i>	<i>Department</i>	<i>Signature</i>
<i>Chair</i>					
<i>Vice Chair</i>					
<i>Secretary</i>					
<i>Treasurer</i>					
<i>Member</i>					
<i>Member</i>					
<i>Member</i>					
<i>Member</i>					
<i>Member</i>					
<i>Member</i>					

For additional members, please attach a separate sheet with the information listed above.



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List of Activities for the Year

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____
4. _____ Date: _____

Membership Recruitment Strategy to Sustain the Chapter: _____

FOR ECS USE ONLY:

Approval: _____ Date: _____
Chairman, Individual Membership Committee

Approval: _____ Date: _____
Executive Director, ECS

The Electrochemical Society
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