



# 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>
<b>Chair</b>					
<b>Vice Chair</b>					
<b>Secretary</b>					
<b>Treasurer</b>					
<b>Member</b>					
<b>Member</b>					
<b>Member</b>					
<b>Member</b>					
<b>Member</b>					
<b>Member</b>					

**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  
65 S. Main St  
Pennington, NJ 08534 USA  
**Mr. Shannon C. Reed, Director of Membership Services**  
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