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APPLICATION FOR NIAASC CHAPTER
(Please review the NIAASC Procedures and Guidelines before filling the application)

Name of Organization: _____

Address: _____

Telephone # _____ Fax _____ E-mail: _____

Status: Please check all applicable:
Incorporated _____ Not-for-profit _____ 501C3 _____ In process of Development _____

Month & Year Organization Started: _____ Number of subscribing members: _____
Board of Directors/Executive Committee (Please specify name if decision-making body is different
_____)

Please print all names: Please print last name, middle initial and first name (Mr. Ms. or Dr.)

President: _____ Telephone: _____

Vice President (s) _____ Telephone: _____

_____ Telephone: _____

Secretary: _____ Telephone: _____

Treasurer: _____ Telephone: _____

Executive Director: _____ Telephone: _____

Please indicate names (s) of your organization representative(s) (see Procedures and Guidelines) with telephone number, fax number and E-mail addresses on the organization letterhead

I, _____, duly authorized to sign this application, hereby certify that our organization subscribes to the objectives of NIAASC; that the number of subscribing members is for the current year; will be abiding with the fee structure stipulated in the guidelines and procedures. (If organization is in the process of development we stipulate that it will subscribe to the NIAASC objectives).

Signature: _____ Date: _____

(Please print name of signatory) _____ Title: _____

Following documents are enclosed:

Articles of Incorporation

Constitution and Bylaws

List of Current Board or Executive Committee Members: Names and addresses

Check for the Dues (state amount \$ _____)