

New Student Chapter Questionnaire

1. At which College or University do you wish to start an ALPFA student chapter?

2. Who are the students who seek to create and launch this student chapter?
NAME E-MAIL PHONE NUMBER

3. What is the major for each new member and their academic year of study (i.e. Freshman, Sophomore, Junior, Senior, Graduate Student) for each of the students who seek to start an ALPFA student chapter?
NAME MAJOR GRADUATION YEAR

4. Why you want to establish an ALPFA Student Chapter?
 - a. As it relates to impacting your campus community?
 - b. As it relates to you individually?

5. What is the nearest ALPFA Professional Chapter to the school campus?

6. What are the requirements that the university requires for an organization to be recognized officially?

ALPFA Student Chapter Record

School Name: _____

Address: _____

Faculty Advisor and Contact Information: _____

List executed and planned activities for the year (use separate sheet and attach):

ROSTER OF OFFICERS (E-BOARD) FOR NEW CHAPTER

Name:

Position:

Phone/Email
