

ALBANY STATE UNIVERSITY STATE NATIONAL ALUMNI ASSOCIATION, INC. (ASUNAA)

CHAPTER CHARTER APPLICATION

Proposed Chapter Name \_\_\_\_\_

Interest Group Coordinator \_\_\_\_\_

*Individual must be an alum and listed as the official interest group contact.*

Current Alumni Association Membership Status:  Annual  Life  Non Member

Class Year: \_\_\_\_\_

Interest Group Contact Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If Applicable, Website: \_\_\_\_\_

Proposed Program Activities

**Please list below, the program activities the prospective chapter would like to implement during the first year of operations.**

Date	Event	Location

\_\_\_\_\_  
Signature of Interest Group Coordinator

\_\_\_\_\_  
Date