



STATEMENT OF AFFILIATION FORM

Please write legibly

Date: _____

Please register _____ (chapter name) as a Chapter of the Electric Auto Association.

We agree to abide by the Bylaws and Code of Ethics of the Association.

Date chapter formed: _____ (if known)

Elected Officers (2 officers must be paid EAA members):

President: _____ Phone: _____

E-mail: _____

Vice President: _____ Phone: _____

E-Mail: _____

Treasurer: _____ Phone: _____

E-Mail _____

Secretary: _____ Phone: _____

E-Mail: _____

Primary Contact:

Name: _____ Phone: _____

Email: _____

Each Chapter must hold a minimum of two (2) meetings or other events/activities per year. These meetings should be open to visitors from other chapters and members of the public.

Meeting date and time: _____

Meeting location: _____

Please email this form (a screen shot on your SMART phone) to:

membership@electricauto.org