



Mail To:
Angel Green
9800 County Line Rd
Sellersburg, IN 47172

Phone: (623) 826-3263

Chapter Application

Date: _____

Contact Name: _____

Phone:() _____ Fax:() _____ Alt. Phone:() _____

Address: _____

Email: _____

Alt. Contact Name: _____

Phone:() _____ Fax:() _____ Alt. Phone:() _____

Address: _____

Email: _____

Approximate number of initial members: _____

City & State: _____

Affiliation if any: (Company, college, town or combination)

A School Chapter must have a Faculty Sponsor and permission from the school. Provide contact information below:

Name _____ Phone _____ Email: _____

Address: _____

Purpose or mission statement of chapter ... (may be amended later)

Received AWAM By-laws and Chapter information by: _____

Date _____

Office Use Only;
Chapter Number _____
Documentation _____
References _____
Confirmed _____
Notified _____