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| **NEW STUDENT ADVOCATES ASSOCIATION GROUP APPLICATION**  Affiliated with AAOA | | | |
| **APPLICANT INFORMATION** | | | |
| School Name: | | | |
| Advisor Name: | Advisor Email: | | Phone: |
| Advisor address: | | | |
| City: | State: | | ZIP Code: |
| Approval from School? Y or N |  | |  |
| **MEMBERSHIP INFORMATION** | | | |
| Current President Information: | | | |
| Address: | | |  |
| Phone: | E-­‐mail: | |  |
| City: | State: | | ZIP Code: |
| Position: |  | |  |
| **VICE PRESIDENT INFORMATION** | | | |
| Board Member: | | | |
| Address: | | | Phone: |
| City: | State: | | ZIP Code: |
| Position: | | Email: | |
| **BOARD MEMBER (OTHER)** | | | |
| Board Member: | | | |
| Address: | | |  |
| City: |  | |  |
| Position: |  | |  |
| **BOARD MEMBER (OTHER)** | **BOARD MEMBER (OTHER)** | | **BOARD MEMBER (OTHER)** |
| Board Member: | Board Member: | | Board Member: |
| Address: | Address: | | Address: |
| City: | City: | | City: |
| Position: | Position: | | Position: |
| Email: | Email: | | Email: |
| **BOARD MEMBER (OTHER)** | | | |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this  application. | | | |
| Signature of Advisor: | | | Date: |
| Signature of President | | | Date: |

**Please send Applications to** [**AAOASAALIAISON@gmail.com**](mailto:%20AAOASAALIAISON@gmail.com) **or**

**Please return this form with payment to:**

**AAOA**

**142 E. Ontario St., 7th Fl.**

**Chicago, IL 60611**

**Fax: 312-­‐202-­‐8224**