|  |
| --- |
| **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** **or**

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

 **AAOA**

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

**Chicago, IL 60611**

**Fax: 312-­‐202-­‐8224**