



SACNAS Student Chapters - Official Petition

University/College _____
Academic Year begins _____ and ends _____. Academic term is based on a Quarter/Semester system (circle one).

Student Chapter Name _____
Mailing Address _____
City/State/Zip _____
Email _____ Chapter Homepage _____
(Chapter website will be linked to SACNAS website upon granting student chapter status)

Chapter Advisor _____
Title _____ Phone _____ Fax _____
Email _____ URL _____

Officers	Name	E-mail	Phone	Current National Member
President				<input type="checkbox"/> Yes <input type="checkbox"/> No**
Vice President				<input type="checkbox"/> Yes <input type="checkbox"/> No**
Secretary				<input type="checkbox"/> Yes <input type="checkbox"/> No**
Treasurer				<input type="checkbox"/> Yes <input type="checkbox"/> No**
National Liaison*				<input type="checkbox"/> Yes <input type="checkbox"/> No**

*May be an elected officer or chapter advisor

**SACNAS new membership form or renewal dues must be included with application packet

Total Members (at time of petition) _____

Other Chicano/Latino/Native American Organizations on Campus

Organization/President/Contact Info _____

Organization/President/Contact Info _____

List attached documents:

- Chapter By-laws
- Advisor Letter
- Roster of Student Chapter members

Chapter agrees to abide by and act in accordance with the SACNAS Mission and guidelines stated in the Chapter Policy.

President Signature

Advisor Signature

Date

Date