



SACNAS Student Chapters-Official Petition

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

SACNAS Chapter Full Name _____

SACNAS Chapter Acronym _____

Mailing Address _____

City/State/Zip _____ Chapter Email _____

Chapter website URL other than one provided by SACNAS _____

Chapter Advisor _____

Title _____ Phone _____ Fax _____

Email _____

Officers	Name	E-mail	Phone	Major/Grade	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 forms are accepted with application packet. New chapter memberships may be processed at any time with the exception of two weeks before any conference deadline.

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
- Proof of school recognition

For Office Use Only:

Documents Received: _____

Documents Complete: Yes / No

Revisions Needed: Yes / No

Revisions Received: _____

Approved: _____

Letter Sent: _____

Letterhead/Logo Sent: _____

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