

ASMBS STATE CHAPTER PROGRAM



7/1/2013

Preliminary Application

ASMBS State Chapter program

PRELIMINARY APPLICATION

1. Contact Information for State Chapter

Please complete this form and fax to: 352-331-4975, or email to: amelia@asmbs.org
or mail to: ASMBS, 100 SW 75th St., Suite 201, Gainesville, FL 32607

Name of state that is requesting to become a State Chapter of the ASMBS

State: _____

Individual identified to be the **contact person** for the State Chapter

Name: _____

Title: _____

Institution: _____

Address: _____

City: _____

State: _____

Telephone: _____

Fax: _____

Email: _____

Mailing Address for State Chapter

Name: _____

Address: _____

City: _____

State, Zip: _____

2. Officer List for State Chapter

President: Name: _____
 Title: _____
 Institution: _____
 Address: _____
 City: _____
 State: _____
 Telephone: _____
 Email: _____

Vice-President: Name: _____
 Title: _____
 Institution: _____
 Address: _____
 City: _____
 State: _____
 Telephone: _____
 Email: _____

Treasurer: Name: _____
 Title: _____
 Institution: _____
 Address: _____
 City: _____
 State: _____
 Telephone: _____
 Email: _____

State Access to Care State Representative (STAR):

 Name: _____
 Title: _____
 Institution: _____
 Address: _____
 City: _____
 State: _____
 Telephone: _____
 Email: _____