

Application for New ASA Student Chapter

Submit to studentchapters@amstat.org

Name of New ASA Student Chapter: (for example, MyState University ASA Student Chapter)

School Information

Institution Name: _____

City/State/Country: _____

Faculty Advisor Information

Name: _____

Title: _____

Email: _____

Phone: _____

Student Chapter President Information

Name: _____

Graduate or undergraduate student? _____

Email: _____

Make sure to attach this PDF to your email.

