



Section II - Student Chapter Application Form

This form must be filled out completely and returned to PCMA.

Chapter Name: Student Chapter of PCMA
(College/University name)

President:
Email: Phone:

Vice President:
Email: Phone:

Secretary:
Email: Phone:

Treasurer:
Email: Phone:

Student Chapter Representative:
Email: Phone:

Program Chair:
Email: Phone:

Mailing Address for Chapter:

Faculty Advisor:
Email: Phone:

I acknowledge the Student Chapter of PCMA, and approve that this student chapter is recognized by the college/university listed above.

(Faculty Advisor Signature)

(Date)

By signing this document, student chapters acknowledge that they have read, understand and will abide by PCMA bylaws.