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: ____________________ 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.