



STUDENT CHAPTER APPLICATION

PLEASE PRINT OR TYPE

Name of Proposed Student Chapter: _____

Name of Institution and Department Address for Student Chapter: _____

List of Faculty Advisor(s) Endorsing Student Chapter

Name	Institution	ECS ID#	Phone #	Email	Signature

Primary Student Contact Name: _____

Primary Student Contact Email Address: _____

Primary Student Contact Mailing Address: _____

Student Chapter Member Roster (Minimum of 6 members required)

	Name	Email Address	If current members, ECS ID #	Department	Signature
Chair					
Vice Chair					
Secretary					
Treasurer					
Member					
Member					
Member					
Member					
Member					
Member					

For additional members, please attach a separate sheet with the information listed above.



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List of Activities for the Year

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____
4. _____ Date: _____

Membership Recruitment Strategy to Sustain the Chapter:

FOR ECS USE ONLY:

Approval: _____ Date: _____

Chairman, Individual Membership Committee

Approval: _____ Date: _____

Executive Director, ECS

The Electrochemical Society
65 S. Main St
Pennington, NJ 08534 USA

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