*This Chapter Information Form should be completed in its entirety at least once a year and sent to the IAEM Headquarters along with the additional required documents. All areas that do not apply please mark with “N/A.”*

**chapter Information**

Name: IAEM-USA at \_\_

University Address:

University Web Site:

Number of Chapter Members: Date:

**ADVISOR Contact Information**

(*Must be IAEM Members in Good Standing and Faculty/Staff at your University*)

Advisor:

Professional Title:

Address:

Phone: Email:

Alternate Advisor:

Professional Title:

Address:

Phone: Email:

**OFFICER Contact Information**

Name: Title: President

Address:

Phone: Email:

Name: Title: Vice-President

Address:

Phone: Email:

Name: Title: Secretary

Address:

Phone: Email:

Name: Title: Treasurer

Address:

Phone: Email:

Name: Title: Other

Address:

Phone: Email:

Name: Title: Other

Address:

Phone: Email:

**SUBMISSION information**

Scan and email this form and all supporting materials to:

**IAEM HQ Staff Liaison for Student Chapters**

Rebecca Campbell at Rcampbell@Iaem.com

Subject: Interim New Student Chapter

**Thank you for helping protect lives and property from disaster by leading an IAEM student chapter!**