

APPLICATION TO FORM AN IALD CHAPTER**INSTRUCTIONS FOR APPLYING:**

DATE OF APPLICATION: _____
(DAY/MONTH/YEAR)

The application must include the signatures of at least **6** IALD members in good standing who support the formation of the Chapter.

LOCATION OF IALD CHAPTER: _____ **AFFILIATED REGION:** _____

REGIONAL COORDINATOR: _____
SIGNATURE DATE

LIST OF MEMBERS:

Six IALD members, of whom at least three must be voting members, and none of whom must be a Professional member. (Student members cannot be counted towards the required six members.)

PRINT NAME**SIGNATURE**

1. _____

2. _____

3. _____

4. _____

5. _____

**LEAD CHAPTER VOLUNTEER
COORDINATOR**

6. _____

LEAD CHAPTER VOLUNTEER COORDINATOR:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE/PROVINCE :** _____ **POSTAL CODE:** _____ **COUNTRY:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

DESCRIBE OBJECTIVES FOR FORMING AN IALD CHAPTER:

PROPOSED ACTIVITIES FOR THE FIRST YEAR:

**PLEASE RETURN THIS FORM
WITH THE REQUIRED
SIGNATURES VIA POST, FAX OR
EMAIL:**

POST: IALD
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222 Merchandise Mart Suite 9-104
Chicago IL 60654 USA

FAX: +1 312 527 3677

EMAIL: kelly@iald.org