



Charter Application Packet

**Alcorn State University National Alumni Association, Inc.
P.O. Box 899
Alcorn State, MS 39096-7500**

HOW TO START AN ASUNAA CHAPTER

1. All members of an ASUNAA local chapter **must** be members of ASUNAA National. The Office of Alumni Relations can supply a list of all Alcornites in your state, which will allow you to identify any current members in your area. If you have Alcornites who are interested in forming a chapter, but who are not members of the Alumni Association, then your Regional Director will assist you in encouraging interested Alcornites to join the Alumni Association.
2. Set up an organizational meeting to discuss:
 - The viability of starting a chapter
 - When to meet
 - Where to meet
 - Request a copy of the ASUNAA constitution/bylaws to understand the requirements for a chapter
 - Topics for meetings / strategic plan
 - Chapter leadership/officers
 - Organized chapter constitution/bylaws
3. Plan, promote and hold first "Chapter-in Formation" meeting. A commitment of 5 ASUNAA members is needed to start a Chapter-In Formation (CIF)
4. Information is available on the ASUNAA website at alcorn.edu/alumni
5. Once it has been decided that you are ready to commit to forming a chapter, then a "Chapter-in Formation" Declaration has to be completed.
6. Complete packet must be mailed to:
 - ASUNAA
 - 1000 ASU Drive-P.O. Box 899
 - Alcorn State, MS 39096-7500

ASUNAA "Chapter-In -Formation" Declaration

Declaration Date: _____

The following individual ***ASUNAA** members have agreed to work together for the next six (6) to twelve (12) months to develop a local chapter of the ASUNAA in the geographic areas loosely defined as:

(Insert state, counties, cities, parishes etc. to define the location of the chapter)

Members:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

***All of the above named persons must be paid members of ASUNAA as of date of Declaration**

The following individual will be the ASUNAA Chapter's Committee "Chapter-in Formation" contact person:

Name: _____

Mailing Address: _____

Home Phone # _____

Cell Phone # _____

E-mail: _____

Please indicate preferred method of contact i.e. Home phone / cell phone / e-mail

Instructions and Checklist for Completing the Chapter Charter Application

Chapter Name: _____ Chapter of
ASUNAA Date Application Submitted: _____

This application contains all the necessary forms needed to apply for a Charter as a Local Chapter. This checklist has been provided to help complete the process. Check off each item upon completion. The completed chapter application will be reviewed by the Executive Secretary for accuracy and completion. If all is in order, the Chapter Application will be submitted to the ASUNAA executive committee for Charter approval. Once approved by the executive committee, the charter will be awarded at the next annual mid-winter conference.

- Letter of Application for Chapter Charter: This form must be dated and signed by all officers.
- Roster of Elected Officers: Elections may take place as soon as the group has agreed to work together to form a chapter.
- Roster of ASUNAA Members: A minimum of five (5) **active** members of ASUNAA are required to apply for a charter as a local chapter. The ASUNAA national office will verify membership. List all members. This form may be duplicated to accommodate all members. The president and secretary must sign and date this form.
- Letter of Agreement: This must be dated and signed by the chapter president and chapter secretary.
- Meeting Minutes (two (2) Meetings): Minutes should be completed for each meeting during the formation process. A minimum of two (2) meetings with completed minutes should be included in this packet.
- Chapter Bylaws: Submit a sample copy of your Chapter Bylaws. In general, keep the bylaws brief and simple. As the chapter grows and develops, incorporating flexibility into the bylaws will help reduce the amount of work needed to revise the bylaws.
- Include application processing fee: Make check or money order payable to ASUNAA

Letter of Application for Chapter Charter

Date: _____

To: ASUNAA executive committee

From: _____, Chapter in Formation

Enclosed are three (3) copies of the completed "Local Chapter Charter Application Packet." We agree to operate and conduct chapter affairs in compliance with the constitution and bylaws of the ASUNAA.

Signed,

_____, Date: _____
Chapter president

_____, date: _____
Vice president

_____, Date: _____
Secretary

_____, Date: _____
Treasurer

Roster of Local Chapter Officers For

Chapter-in-formation

President Name: _____

Address: _____

Phone: _____ email: _____

Vice President Name: _____

Address: _____

Phone: _____ email: _____

Secretary Name: _____

Address: _____

Phone: _____ email: _____

Treasurer Name: _____

Address: _____

Phone: _____ email: _____

The following are active members of the ASUNAA and the chapter-in-formation. (A minimum of five (5) active members are required for chapter charter.)

Signed and dated _____

Chapter President: _____

Chapter Secretary: _____

Roster of Local Chapter Members

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Letter of Agreement for _____

Chapter-in-Formation

Date: _____

To: ASUNAA Executive Committee

From: _____ Chapter-in-formation

Re: Letter of Agreement

On _____ (insert date), the alumni members of this chapter-in-formation voted to seek charter as a local chapter of the ASUNAA and approved as the chapter name:

_____ (insert name) chapter of ASUNAA.

Geographic scope of this chapter will include:

(city name, state and county)

Signed,

_____, Date: _____
Elected Chapter President

_____, Date: _____
Secretary

Duplicate this form as needed.

Upon the completion of this application, please mail this form to the Office of Alumni Relations and the Regional Director in your geographic area will contact you.