

SAMPLE DOCUMENT DO NOT USE

National Alumnae Association of Spelman College

DECLARATION OF INTENT TO ORGANIZE A CHAPTER: FORM A

Directions: Complete the following form. Email the signed form to your Regional Coordinator and the NAASC Administrative Assistant (info@naasc.org). Be sure to retain copies for your Chapter Records.

Date: _____
Name of City, Town, or Area: _____
State: _____

Active Alumnae desirous of organizing a chapter: (A minimum of seven [7] names are required)

(Please Print Your Name and Include Class Year, Home Phone, and E-mail Address)

	First Name	Last Name	Class Year	Email Address	Phone Number
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____

We are alumnae of Spelman College, living in the area of: _____

_____. Do hereby declare that we have read the constitution of National Alumnae Association of Spelman College, and that there are at least 25 alumnae and potential members in this area, therefore we wish to form a new chapter accordingly. We verify we are financially active members of NAASC.

Signed:

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Additional Alumnae desirous of organizing a chapter:

(Please Print your Name and include class year)

First Name	Last Name	Middle (Maiden)	Class Year	Phone Number E-mail Address
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10	_____	_____	_____	_____
.	_____	_____	_____	_____
11	_____	_____	_____	_____
.	_____	_____	_____	_____
12	_____	_____	_____	_____
.	_____	_____	_____	_____
13	_____	_____	_____	_____
.	_____	_____	_____	_____
14	_____	_____	_____	_____
.	_____	_____	_____	_____
15	_____	_____	_____	_____
.	_____	_____	_____	_____

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