

**APPLICATION FORM FOR A NEW CHAPTER**

Proposed Chapter’s Name:

Describe geographic location (nationwide, state, metropolitan area, etc.) this chapter will serve:

If applicable, describe government agency (department, agency, office, etc.) this chapter will serve:

Applicant Full Name: [title, mailing address, telephone and fax numbers, and e-mail address]

Elected Officers:

 President

 Vice President

 Secretary

 Treasurer

 Auditor

Chapter’s Short-Term Goal:

Chapter’s Long- Term Goal:

FAPAC Members: include a list of paid members as an attachment

[names, addresses, agency affiliation, phone, and e-mail addresses of all active FAPAC members]

Constitution and Bylaws by the local Chapter: include as an attachment

If the chapter is already in existence: Local financial resources and requirements, a copy of immediate past treasurer report should be submitted; and dates, location, and number of member attendees in last two meetings.