



AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

**APPLICATION/PETITION FOR THE
ESTABLISHMENT OF A PROFESSIONAL CHAPTER**

Name of Chapter: _____

Chapter President: _____

Business Address
Of Chapter: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Number of Members in Chapter: _____

(A professional chapter must have at least five Professional Members of good standing, of which three shall be General Members. Please complete the attached members list and ensure all individuals are active AISES members. Contact AISES Membership at 505-765-1052, if you have membership questions.)

We, the professional chapter members and our Chapter President, have read, understood and accepted the duties and responsibilities set forth in the Code of Conduct, Professional Bylaws and Affiliate Agreement for the Professional Chapters of the American Indian Science and Engineering Society.

Signature of Chapter President

Date

You will be notified upon completion of review and approval by the AISES Membership Department.

Return Completed Form to:
Membership Department
4263 Montgomery Blvd., NE, Suite 200
Albuquerque, NM 87109
Or email to: mtbahe@aises.org

AISES Professional Chapter Members List

At least 5 members, of which three shall be General Members, in good standing, must be listed for consideration.

A General member is classified as an American Indian, Alaska Native, Native Hawaiian, Pacific Islander, First Nations, and other indigenous peoples of North America who has a bachelor's or advanced degree in engineering or science; having an associate's degree in engineering or science with engineering or scientific work experience; having a bachelor's degree in engineering technology with engineering work experience.

- 1. Name: _____
Email: _____ Phone: _____
*Tribal Affiliation(s): _____
*Degree Information: _____

- 2. Name: _____
Email: _____ Phone: _____
*Tribal Affiliation(s): _____
*Degree Information: _____

- 3. Name: _____
Email: _____ Phone: _____
*Tribal Affiliation(s): _____
*Degree Information: _____

- 4. Name: _____
Email: _____ Phone: _____
*Tribal Affiliation(s): _____
*Degree Information: _____

- 5. Name: _____
Email: _____ Phone: _____
*Tribal Affiliation(s): _____
*Degree Information: _____

** Required for AISES General Member Status*

Contact the Membership Department at (505) 765-1052 if there are any questions.