

NEW CHAPTER INTENT FORM

PROPOSED CHAPTER NAME: _____ Charger Alumni Chapter

Common tie that binds members of the Chapter:

PROPOSED CHAPTER LEADER: (Required for each chapter)

Name: _____
(First) (Middle) (Last) (Maiden or Former Name)

Phone: _____

Email: _____

Class Year: _____

Term Begin Date: _____ Term End Date: _____

PROPOSED CHAPTER MEMBERS: (Minimum of 10 members required, including the Chapter Leader)

1.	(Name)	(Phone)	(Email)	(Class Year)
2.	(Name)	(Phone)	(Email)	(Class Year)
3.	(Name)	(Phone)	(Email)	(Class Year)
4.	(Name)	(Phone)	(Email)	(Class Year)
5.	(Name)	(Phone)	(Email)	(Class Year)
6.	(Name)	(Phone)	(Email)	(Class Year)
7.	(Name)	(Phone)	(Email)	(Class Year)
8.	(Name)	(Phone)	(Email)	(Class Year)
9.	(Name)	(Phone)	(Email)	(Class Year)
10.	(Name)	(Phone)	(Email)	(Class Year)

Submit completed New Chapter Intent Form to alumni@uah.edu.