

**Charter Application for NBASLH Affiliate Status
(Revised 5-1-04)**

The NBASLH members of _____
(Insert Name of Proposed Affiliate)
are applying for recognition as an affiliate in the National Black Association for Speech-
Language and Hearing (NBASLH).

The guidelines for forming a chapter are as follows:

- * Any number of members can form an affiliate. Affiliate members are required to be members of National NBASLH. A list of the names of the chartering members will be provided to the National Office with this application.
- * Local NBASLH affiliates operate autonomously, each with its own set of bylaws, regulations, and policies. A copy of the bylaws, regulations, and policies will be submitted to the National Office with this application. If these documents are not available, we will submit the application, and the National Office will assign chapter status as “pending” receipt of the requested items.
- * Affiliates operate only under the “general supervision” of NBASLH. Because of this loose relationship, NBASLH is not responsible for the debts of the affiliate and cannot be responsible for the indemnification of affiliate officers.
- * Affiliates may elect their own officers and officers must be members of National NBASLH. The NBASLH membership number of each officer will be provided with this application.
- * Once the affiliate is established, the National Office requires that the affiliate submit annual status reports by February 28th of every following year to maintain their status as a recognized NBASLH affiliate. The affiliate understands that failure to comply will place the affiliate in an inactive status.

We have read the above guidelines for application as a recognized NBASLH Affiliate and agree to comply with these requirements:

Affiliate President

Affiliate President-Elect

Date

Date

Please provide the National Office with the following information:

Authorized Correspondent: _____

Address: _____

Phone # (home): _____ (work): _____

Fax # _____

E-mail address: _____ Website address: _____

Affiliate President: _____ Affiliate President-Elect: _____

NBASLH Membership # _____ NBASLH Membership # _____

E-mail address: _____ E-mail address: _____

Term: _____ Term: _____

Secretary: _____ Treasurer: _____

NBASLH Membership # _____ NBASLH Membership # _____

E-mail address: _____ E-mail address: _____

Term: _____ Term: _____

Bylaws Adopted: ____ No ____ Yes (If yes, attach copy. Include date adopted.)

Total Number of NBASLH Members (attach list) _____

____ Professional ____ Student ____ Associate

Attachments:

- ** List of chartering members
- ** Copy of affiliate bylaws (and regulations or policies)

Please return this form to:

**National Black Association for
Speech-Language and Hearing**

Fax Number: 412-366-8804