APPENDIX A

Charter Application for NBASLH Affiliate Status
(Revised 12-1-06)

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 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 by-
laws, regulations, and policies. A copy of the by-laws, 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
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: _____________________________________

By-laws Adopted: _____No  _____Yes (If yes, attach copy. Include date adopted.)

Total Number of NBASLH Members (attach list) ________

_____ Regular  _____ Associate  _____ Student

Attachments:

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

Please return this form to:

** National Black Association for Speech-Language and Hearing**
191 Clarksville Road
Princeton Junction, NJ 08550

**Fax Number: (609) 799-7032**
**Scan and Email to: nbaslh@nbaslh.org**