NATIONAL ART EDUCATION ASSOCIATION

STUDENT CHAPTER REGISTRATION FORM

Complete this form and roster and return via e-mail to members@arteducators.org or fax to 703-860-2960.

INSTITUTION	ADVISOR
Institution Name	Advisor's Name and Title
Institution Mailing Address	Advisor's Mailing Address
City/State/Zip	City/State/Zip
Chapter Website URL (if applicable)	Advisor's E-mail Address
	Advisor's Office Telephone Number

STUDENTS

Student Leader's Name	Student Leader's Mailing Address	
Student Leader's E-mail Address	City/State/Zip	
Student Leader's Telephone Number	Current Number of Student Members:	Anticipated Number of Student Members for the Upcoming Year:

ACTIVITIES

Major Activities Accomplished Within the Past Year (if applicable):

REGISTRANTS

STUDENT NAME	NAEA ID NUMBER	EXPECTED DATE OF GRADUATION	STUDENT E-MAIL/TELEPHONE

REGISTRANTS, CONT.

STUDENT NAME	NAEA ID NUMBER	EXPECTED DATE OF GRADUATION	STUDENT E-MAIL/TELEPHONE