

Student Chapter Application

University Name			
University Address/Phone #/Fax #			
Phone #:		Fax #:	
Faculty Advisor Please attach your CV			
Name:			
Position:			
Address:			
City:	State:	Country:	Zip:
Email:			Member #:
<p>** I CONFIRM MY PARTICIPATION IN THE FACULTY ADVISOR COUNCIL ** <i>The ISPOR Faculty Advisor Council's mission is to support ISPOR student members' professional development by providing learning experiences, networking opportunities, and continuity to the student chapters.</i></p>			
Chapter President			
Name:			
Position:			
Address:			
City:	State:	Country:	Zip:
Email:			Member #:
Vice President			
Name:			
Position:			
Address:			
City:	State:	Country:	Zip:
Email:			Member #:
Secretary			
Name:			
Position:			
Address:			
City:	State:	Country:	Zip:
Email:			Member #:
Treasurer			
Name:			
Position:			
Address:			
City:	State:	Country:	Zip:
Email:			Member #:

Please send in the following along with your application:

Chapter President Letter of Intent
University Approval Letter - [Sample of a University Approval Letter](#)
Faculty Advisor's CV
Constitution - [Student Chapter Constitution Model](#)

How to submit your application:

Email

Please email your completed application to studentnetwork@ispor.org

Mail

ISPOR
505 Lawrence Square Blvd South
Lawrenceville, NJ 08648

Attn: Member Services

Questions? Please contact us:

Telephone: 609-586-4981

Fax #: 609-586-4982

Email: studentnetwork@ispor.org