



## Student Chapter Application

<b>University Name</b>			
<b>University Address/Phone #/Fax #</b>			
Phone #:		Fax #:	
<b>Faculty Advisor Please attach your CV</b>			
Name:			
Position:			
Address:			
City:	State:	Country:	Zip:
Email:			
<p><small>** 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></small></p>			
<b>Chapter President</b>			
Name:			
Position:			
Address:			
City:	State:	Country:	Zip:
Email:			
<b>Vice President</b>			
Name:			
Position:			
Address:			
City:	State:	Country:	Zip:
Email:			
<b>Secretary</b>			
Name:			
Position:			
Address:			
City:	State:	Country:	Zip:
Email:			
<b>Treasurer</b>			
Name:			
Position:			
Address:			
City:	State:	Country:	Zip:
Email:			

**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](mailto: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](mailto:studentnetwork@ispor.org)