



### New Chapter Information

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

The new chapter mentioned above petitions the American Osteopathic Academy of Sports Medicine (AOASM) board of directors to establish a sports medicine club chapter to be formally recognized by AOASM at the national level. As a new chapter recognized by the AOASM, the chapter mentioned above agrees to abide by the national by-laws (including review and signature of the document by all new officers), hold yearly elections for new officers, and to maintain regular contact with national executive board members during the academic year. Regular communication consists of submission of all quarterly reports, responding to respective national executive board members in a timely manner, and to uphold the goals and objectives of the student chapter of the AOASM.

As a new club chapter, the school mentioned above agrees to start an active chapter with events (including but not limited to) sports medicine related speakers, didactics, and journal article reviews throughout the academic year. The new club chapter also agrees to assist in distributing and submitting yearly membership applications for individual club members at the end of each calendar year. The applying school chapter also certifies that the administration at the respective osteopathic school has given approval for the establishment of a club chapter through the AOASM.

Please fill out the new officer information below:

#### **President**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Year of graduation \_\_\_\_\_

#### **Vice President**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Year of graduation \_\_\_\_\_

#### **Treasurer**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Year of graduation \_\_\_\_\_

#### **Secretary**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Year of graduation \_\_\_\_\_

For additional information please visit the student website: <http://www.aoasm.org/students.cfm>

Date of Chapter Approval: \_\_\_\_\_ (As determined by the national board of directors)