



Date: _____

Petition for the Formation of a Graduate Student Chapter of the AMS

This petition is to be signed by one faculty member at the sponsoring institution who is a member of the AMS and by at least 5 students who are either Student or Graduate Student members of the AMS and who wish to be members of the Chapter. Sponsoring institutions may be colleges, universities, industrial entities or governmental units.

We, the undersigned, petition the AMS Board of Trustees to approve the formation of a Student Chapter of the AMS at _____ (*sponsoring institution*).

The **faculty sponsor** for the Chapter, who is a member in good standing of the AMS, is:

Name (please print) *Signature*

Institution *Department* *Email*

The following **five individuals wish to become members** of this Student Chapter. They are either Student or Graduate Student members in good standing of the AMS:

- | | <i>Name (please print)</i> | <i>Signature</i> | <i>Email</i> |
|----|--|------------------|--------------|
| 1. | _____ | _____ | _____ |
| | <i>(Institution or Department if different from Faculty: _____)</i> | | |
| 2. | _____ | _____ | _____ |
| | <i>(Institution or Department if different from Faculty: _____)</i> | | |
| 3. | _____ | _____ | _____ |
| | <i>(Institution or Department if different from Faculty: _____)</i> | | |
| 4. | _____ | _____ | _____ |
| | <i>(Institution or Department if different from Faculty: _____)</i> | | |
| 5. | _____ | _____ | _____ |
| | <i>(Institution or Department if different from Faculty: _____)</i> | | |

The following individuals also wish to become members of this Student Chapter. (Additional sheets may be attached.)

<i>Name (please print)</i>	<i>Signature</i>	<i>Email</i>
_____	_____	_____
<i>(Institution or Department if different from Faculty: _____)</i>		
_____	_____	_____
<i>(Institution or Department if different from Faculty: _____)</i>		
_____	_____	_____
<i>(Institution or Department if different from Faculty: _____)</i>		
_____	_____	_____
<i>(Institution or Department if different from Faculty: _____)</i>		
_____	_____	_____
<i>(Institution or Department if different from Faculty: _____)</i>		

List the individuals (name and email address) of those who will assume the following offices when the petition is approved:

	<i>name</i>	<i>email address</i>
President:	_____	_____
Vice President (optional):	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____

The positions of Secretary and Treasurer may be held by one person. Officers shall be Student or Graduate Student members in good standing with the AMS.

Please provide the preferred **contact information** for all correspondence:

Name: _____ email: _____
Address: _____

Phone: _____

Please attach a copy of your **Rules of Procedure** and a **budget** for the first year of operation of the Student Chapter.

A scanned copy of this document may be returned electronically to:

Jenny Phothisarath jxp@ams.org

Or mail to:

Jenny Phothisarath

Membership and Programs Department

American Mathematical Society

201 Charles Street

Providence R.I. 02904