



# ASSOCIATION FOR INFORMATION SYSTEMS

## Petition to Charter an AIS Student Chapter

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The Association for Information Systems Student Chapters are dedicated to providing a forum for current and prospective IS students.

The mission of each chartered AIS Student Chapter is **to promote the study and utilization of management information systems through programs of professional development, social networking, and community development.**

### Instructions for Petitioning:

1. Identify an AIS Member to be the Student Chapter Faculty Advisor
2. Have a list of charter members, a minimum of 10, with contact information ready to enter on the form. A subsequent membership roster can be submitted based on the roster template.
3. Have the completed chapter bylaws ready for uploading. The bylaws must adhere to the [Standard Form for AIS Student Chapter Bylaws](#)
4. Have payment in process (via check or credit card). If an invoice is needed, please email [studentchapters@aisnet.org](mailto:studentchapters@aisnet.org) after completing the online petition or submitting the paper petition.

### After submitting the petition:

1. A confirmation notice will be sent within 2 business days of receipt of submission.
2. Allow up to 2 weeks for final approval of submitted bylaws.
3. Final confirmation of approval will be sent within 2 business days of bylaw approval, petition of charter form and payment receipt and your chapter will then be added to the list of AIS Student Chapters on the AIS Student chapter Website.

For assistance completing the petition form or if you have questions about AIS Student Chapters, contact

### Patrick M. Dockins, MS

Component and External Relations Manager  
Association for Information Systems  
[studentchapters@aisnet.org](mailto:studentchapters@aisnet.org)  
+1 (317) 220-6977  
Skype: ais\_Patrick

AIS Vice President of Student Chapters: [vpstudentchapters@aisnet.org](mailto:vpstudentchapters@aisnet.org)

**PLEASE SUBMIT TO:**  
Association for Information Systems  
P.O. Box 2712  
Atlanta, GA 30301-2712, USA  
404-413-7443 (fax)  
[studentchapters@aisnet.org](mailto:studentchapters@aisnet.org)



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**A. UNIVERSITY/COLLEGE INFORMATION**

Date \_\_\_\_\_

Name of Student Organization \_\_\_\_\_

Name of College/University \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

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**B. THIS PETITION WAS PREPARED BY:**

**To foster student interest in information systems at our college/university, we hereby petition the Association for Information Systems to charter an AIS Student Chapter.**

Printed Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Signature: \_\_\_\_\_

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### C. FACULTY ADVISOR INFORMATION

Faculty Advisor \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

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### D. STUDENT CHAPTER PRESIDENT

President \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

### E. CHARTER MEMBERS (minimum of 10 enrolled undergraduate or graduate level students):

Attach and submit a spreadsheet in accordance with the established [Membership Template](#) to the AIS Headquarters for processing.

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**F. INSTITUTIONAL ENDORSEMENTS**

**We have reviewed the qualifications required of a proposed AIS Student Chapter and certify that they are fulfilled at our school. In support of this application we therefore submit the following information, including endorsements by the dean or head of the department.**

**1. Department Chair**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**2. Dean of College**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**G. PAYMENT**

**Payment Amount (select one):**

\$ 495.00 USD Standard annual organizational fee

**Method of Payment:**  VISA  MasterCard  American Express  Check # \_\_\_\_\_

Make Checks payable to **Association for Information Systems**

Name of Student Organization: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Cardholder's Name as it appears on the credit card: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

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