



**ASSOCIATION FOR INFORMATION SYSTEMS**  
**Petition to Charter an AIS Student Chapter**

**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: \_\_\_\_\_

**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)