



AjPHA Regional Club Affiliation Application

Proposed Name of Club: _____

Business Address of Club: _____
(This address will be published in the AjPHA Club Page)

Adult Advisor's Name: _____

Adult Advisor's Phone Number: _____

Adult Advisor's Email: _____

Adult Advisor's Address: _____

Area to be Encompassed: _____
(Attach a map showing club boundaries)

Reasons for Starting This Club: _____

Summary of Activities Planned (if any) for the Current Year: _____

List all elected officers for the club, and AjPHA membership number if applicable. Attach additional sheets if necessary.

Position	Name	Address	AjPHA#
President			
Vice-President			
Secretary			
Treasurer			
Reporter			

List all club members. A club must have at least 10 members who have current membership with the AjPHA. Attach additional sheets if necessary:

Name	Address	AjPHA#
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

APPROVAL FROM APHA PARENT CLUB

APHA Regional Club Name: _____

Signature of APHA Regional Club President: _____

Date: _____