



## APPLICATION FOR AFFILIATION AS A CHAPTER

Date: \_\_\_\_\_

Name of Chapter: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

(Chapters must select one member to serve as a representative to the ARS. The representative must be an ARS member and need not be a presiding officer, conductor, or music director of the Chapter.)

Representative's email: \_\_\_\_\_

(Required, your application will not be processed without an email address)

Representative's Address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Group's website address: \_\_\_\_\_

Group's email address (It is recommended to be a separate address from representative's personal email address) \_\_\_\_\_

Group's business address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

**To qualify as a chapter, your group must satisfy all of the following six criteria:**

1. Is the group willing to accept all applicants as new members?

YES

NO

Check one. If your group selects "No," please complete the application for affiliation as a consort.

- 2. Chapters must have at least 3 ARS members. Chapters with 10 or more ARS members qualify for additional benefits (See Chapter Formation).
- 3. The group must recruit new ARS members.
- 4. The group must promote the recorder in its local community.
- 5. The group must promote the goals of the American Recorder Society.
- 6. The group must name and maintain an active representative to the ARS.

To help us determine whether you satisfy these criteria, please answer the following questions and provide the requested information:

- 1. How many members does your group have? \_\_\_\_\_
- 2. How many members of your group are members of ARS? \_\_\_\_\_
- 3. Please indicate below the names, addresses, telephone numbers, and email addresses of other chapter members, or attach a list with that information. Please enclose applications and dues for any new ARS members (may be submitted online at [AmericanRecorder.org](http://AmericanRecorder.org)):

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**Please provide the following information to help us learn more about your group. This information is not necessary to process your application.**

Who is your musical director/conductor? \_\_\_\_\_

Who are your group officers?

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What are your plans, including frequency and location, for meetings and other activities?

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What are your plans, if any, for workshops, group classes, and other social or public activities?

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What are your plans for publicizing your group's other activities?

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Other information or comments:

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Signed by: \_\_\_\_\_

Print name: \_\_\_\_\_

There is no charge for any chapter affiliation with the American Recorder Society.

If you have any questions about this application or the criteria for chapter affiliation, please contact Susan Burns at 1-844-509-1422. Email completed application to: [director@americanrecorder.org](mailto:director@americanrecorder.org) or mail to American Recorder Society, PO Box 480054, Charlotte, NC 28269-5300.