



The Association for the Tutoring Profession

ATP Chapter Application Form

Name of state/regional organization: _____

(All address information should be for primary contact.)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

E-mail Address: _____

Name[s] and Title[s] of Association's Governing Body:

<u>Name</u>	<u>Title</u>	<u>End of Current Term</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(All members of the governing body are required to be members of ATP. It is suggested that terms be staggered to ensure continuity.)

Please include the following documentation:

1. Copy of this **Application Form**
2. Copy of state/regional organization's constitution/mission statement and by-laws.
3. Initial **Goals and Plans Report**.
4. Documentation of the numbers of members of the applying organization with at least 25 holding membership in ATP. Please print and complete **Individual ATP Membership Form(s) – Chapter Initial Year** and include a check for anyone taking advantage of \$5 first year membership. Note: The governing body are included in the 25 total memberships. Any member of the governing body not currently ATP members must join at this time.
5. Any other documentation needed to meet the requirements set forth in the **Development Guidelines** in the Chapter Policies.

Send to:

Angela Meyer
Georgia Perimeter College – Newton
239 Cedar Lane
Covington, GA 30014