



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 submit a check for \$25.00 for each member of the governing body and attach to this application. ATP's Tax ID number is: 80-0096151)

Please include the following documentation:

1. Copy of this **Application Form**
2. ATP membership application(s) and check(s) for governing officials of the state/regional organization not currently ATP members.
3. Copy of state/regional organization's constitution/mission statement and by-laws.
4. Documentation of the numbers of members of the applying organization with at least 25 holding membership in ATP. Include ATP membership application(s) and check(s) for anyone taking advantage of \$5 first year membership.
5. Initial **Goals and Plans Report**.
6. Any other documentation needed to meet the requirements set forth in the **Development Guidelines** in the Chapter Policies.

Send to:

Steven Taylor,
ATP Chapters Chair
Learning Assistance Programs
Southeast Missouri State University
One University Plaza, MS 1300
Cape Girardeau, MO 63701