



NEW STUDENT BRANCH REQUEST

Name of new Student Branch: _____

Local Chapter: _____

College, University, or Technical Institute: _____

City: _____

State/Province/Country: _____

Months Branch Meetings will be held: _____

Month of Annual Meeting: _____

Student Branch Advisor Contact Information:

Name: _____

ASHRAE Membership ID: _____

Business Address: _____

Business Phone: _____

E-mail Address: _____

Signature of Student Branch Advisor

Date

STUDENT PETITIONERS

(10 minimum required. If there are more than 15 members please attach an additional sheet)

	Name (please print)	ASHRAE Membership ID	Email address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Branch Officers

President: _____

Vice President: _____

Treasurer/Secretary: _____

Return to:

ASHRAE/Assistant Manager of Student Activities

1791 Tullie Circle, NE, Atlanta, GA 30329

Phone: (404) 636-8400; Fax: (404) 321-5478; E-mail: kthomson@ashrae.org