

The undersigned students of	
	(name of school)
the Board of Directors of the	to authorize the
(name of sponsoring ACI professional chapter)	
formation of a student chapter to be named (name of student chapter)	
The following person, who is a faculty me	n of, and be responsible to, the above captioned ACI professional Chamber of the above captioned school, a member of the sponsoring has agreed to serve as advisor to the student chapter:
Advisor's Name:	
Position/Title:	
ACI Member #:	
Email Address:	
Phone Number:	
Mailing Address:	
O't /Otata/Daysia	
Country/Postal Code:	
This petition was signed at	, this day of,,
(locat	ion) (day) (month) (year)
1	ACI Member #
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