

# NCCTM Student Affiliate Application

This application may be submitted electronically to the chairperson of the Student Affiliates Committee,  
Dr. Lisa Carnell, lcarnell@highpoint.edu.

**Include a copy of the Affiliate's constitution.**

**Submitting Institution:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Proposed Affiliate Name:** \_\_\_\_\_

**Faculty Sponsor:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Faculty Sponsor email address:** \_\_\_\_\_

**Proposed Affiliate Officers and their email addresses:**

Office	Name	Email

**What are the main goals and mission of your Student Affiliate?**

**What is your member recruitment and retention strategy?**

**What is your officer election strategy? When will elections be held? Who is eligible to vote?**

**What are proposed activities for the upcoming year?**

**Is the Student Affiliate officially recognized by the College or University? If not, will recognition be sought?**

**URL of Student Affiliate, if applicable (please link the NCCTM Web site to your Affiliate's Web site).**