



**AHPA Special Interest Groups (SIGs)
Application Form 2019**

Date: _____

Name of SIG: _____

Approximate # of Members of SIG: _____

Name of Contact Person: _____

Email Address of Contact Person: _____

Telephone # of Contact Person: _____

Resources Required (please check all that apply to your proposed activities):

- Space on AHPA website for SIG members only
- Access to technology for meeting purposes (please indicate expected frequency of technology use):
 Once/month Bimonthly Quarterly Biannually Other (specify frequency): _____
- Meeting space at CRA/AHPA Annual Scientific Meeting
- Other (please specify): _____

Proposal: One – two pages. Please indicate that the following are included in or addressed in your application:

- Compatibility with AHPA Mission
- Alignment with AHPA Strategic Plan
- How your requirements cannot be met by AHPA alone; or by another SIG
- Description of SIG membership (all members of the SIG shall be AHPA members)
- Description of leadership within SIG, naming at least two officers
- Purpose of SIG, with proposed activities
- Aims/objectives of the SIG
- Requested resources
- Plan for the first year
- List of 6-10 AHPA member's names

I acknowledge that, should the AHPA Board determine the above described SIG is appropriate for an AHPA SIG, the AHPA Chair of Professional and Career Development or Board designate and webmaster will have access to the SIG section of the website; and AHPA reserves the right to withdraw privileges should any activities of the SIG not be in keeping with the Mission and Strategic Plan of AHPA.

I further acknowledge that members of the SIG must be AHPA members and will be required to pay a fee of \$25 over and above the regular AHPA membership fee.

Name: _____ Signature: _____ Date: _____