



AMERICAN HUMANIST ASSOCIATION

1821 Jefferson Place, NW • Washington, DC 20036 • 800-837-3792 • Fax 202-238-9003 •
AHA@AMERICANHUMANIST.ORG

Application For

A CHAPTER OF THE AHA

The undersigned hereby apply to become a chapter of the
American Humanist Association to be known as the

Chapter Name: _____ Date: _____

CHAPTER CONTACT INFORMATION

Name of Chapter Leader: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

CHAPTER MEMBERS

1. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

4. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

2. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

5. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

3. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

6. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

Five of the above persons must be AHA members.