



## UNIVERSITY AND ORGANIZATION REGISTRATION

Complete this form and roster and return electronically to [pliz@arteducators.org](mailto:pliz@arteducators.org).

INSTITUTION	ADVISOR
Institution Name	Advisor's Name and Title
Institution Mailing Address	Advisor's Mailing Address
City/State/Zip	City/State/Zip
Chapter Website URL (if applicable)	Advisor's Email Address
	Advisor's Office Telephone Number

STUDENTS	
Student Leader's Name	Student Leader's Mailing Address
Student Leader's Email Address	City/State/Zip
Student Leader's Telephone Number	Current Number of Student Members:

ACTIVITIES
Major Activities Accomplished Within the Past Year (if applicable)

ASSIGNED MENTOR	Would you like your Preservice chapter to have an assigned RAEA mentor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## REGISTRANTS

*All students must be registered NAEA Preservice members.*

STUDENT NAME	NAEA ID #	EXPECTED GRADUATION DATE:	EMAIL/TELEPHONE

**REGISTRANTS, CONT.** *All students must be registered NAEA Preservice members.*

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*To list additional members, please submit the entire roster as a Microsoft Word document, including each member's NAEA ID Number, email address, and expected graduation date.*