***SGA Student and Young Scientist Chapter***

**Application form to create a new SGA Chapter**

Identification of the Chapter/Regional Network Group (proposed name):

Institutional affiliations (one or more University(ies), Research institute(s), Geological survey(s) involved):

Contact address:

…………………………………………………………………………………………………..

President of the Chapter (name, e-mail):

Vice-President/Secretary:

Treasurer:

Webmaster:

List of other members (minimum 2):

Academic advisor(s) (minimum 1 per institution involved; SGA members):

…………………………………………………………………………………………………

The main aim of the Chapter:

Activities planned for the following year:

(e.g., field trips, meetings, seminars, other activities)

Cooperation with other Chapters:

…………………………………………………………………………………………………

Request for financial contribution from SGA:

…………………………………………………………………………………………………

Date Signature of the President Signature(s) of the Scientific Advisor(s)