Council for Exceptional Children

CHAPTER APPLICATION

This is to apply for the acceptance of our organization, namely

_____
(proposed name of chapter)

as an official chapter of the _____ of the Council for Exceptional Children
(state/province name)

to cover a geographical area of _____
(school district/county/college/university/etc)

and to be composed primarily of the following interest groups: _____

_____

Date present organization was established: _____

Date present organization voted to apply for acceptance as a chapter: _____

We understand that during the period required by the CEC state/provincial unit to qualify for a charter, we shall enjoy all the rights of a chapter in this state/province.

For the chapter: _____ _____
Chapter President's Signature Date

Please complete and return this form to your CEC state/provincial unit to apply for official recognition as a chapter.

To Be Completed by CEC State/Provincial Unit:

Date applicant became active chapter: _____ **Membership on this date:** _____

Constitution & bylaws approved? ☐ **Yes** ☐ **No**

Minimum of 3 member officers? ☐ **Yes** ☐ **No**

Chapter number assigned by CEC Headquarters: _____

_____ _____
CEC State/Provincial Unit President's Signature Date