

Please complete the following information. The affiliate society president is the only individual who can request to participate in the Affiliate Development Program.

Date _____

State Affiliate _____

President _____

Part I – Demonstration of Needs. Please detail the needs of your affiliate society and the reasons for applying for the Affiliate Development Program. Please categorize items in the list below and indicate what you consider your “greatest needs” as an ASRT affiliate.

Pre-Survey

	Very Important	Important	Not Important
Better communication within your affiliate (both with members and board)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More volunteers and increased membership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grass-roots and advocacy efforts in your affiliate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring program for training volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial issues or health of your affiliate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruitment of new leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing continuing education for your affiliate members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual conferences, planning, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Through the Affiliate Development Program we are able to provide up to \$2,000 to selected affiliates. Please describe in detail exactly how your affiliate would use the funds if selected to participate in the program.



Part II – Action Plan. Please list the areas in which your affiliate society would like to focus on if your affiliate is chosen to participate in the Affiliate Development Program.

Part III – ASRT Services. ASRT can provide limited services to affiliate societies. Please list the type of services your affiliate may need.

Part IV-Names and addresses of participating affiliate leaders. These leaders will complete an affiliate needs survey to identify affiliate issues from their individual perspectives.

Participating leaders:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Directions:

Please submit completed form by mail, email or fax to:

ASRT Governance and Affiliate Relations Department
15000 Central Avenue SE, Albuquerque, NM 87123-3909

Fax: 505-298-5063
affiliaterelations@asrt.org

This form must be used; no other form will be accepted (Please retain copy)