



Student Chapter Application

Please save form to your computer; insert cursor to the left of the [*] and enter information requested.

Academic Year / * School _____ *

(MM / YYYY)

Student Chapter Name _____ *

School Activities That Support SMT Related Industries

[Please describe how your school supports surface mount technology, microelectronics, electronics packaging, or related industries in terms of the programs, courses or activities offered for students.]

_____ *

_____ *

_____ *

Faculty Advisor

[Name and contact information of faculty member who will serve as the Student Chapter Advisor. Advisor must be a current member of SMTA or also apply for membership.]

Advisor Name _____ * SMTA Member # _____ *

Business Email _____ *

School Mailing Address _____ *

_____ * PO/Bldg/Dept/MS _____ *

City _____ * ST _____ * Zip _____ *

Office Phone _____ * Office Fax _____ *

Student Members [Formulation Committee or Officers]

Names	Expected Graduation	SMTA Member #	
1. <u>_____</u> *	<u> </u> / <u> </u> * <small>(MM / YYYY)</small>	# <u>_____</u> *	<input type="checkbox"/>
2. <u>_____</u> *	<u> </u> / <u> </u> * <small>(MM / YYYY)</small>	# <u>_____</u> *	<input type="checkbox"/>
3. <u>_____</u> *	<u> </u> / <u> </u> * <small>(MM / YYYY)</small>	# <u>_____</u> *	<input type="checkbox"/>
4. <u>_____</u> *	<u> </u> / <u> </u> * <small>(MM / YYYY)</small>	# <u>_____</u> *	<input type="checkbox"/>
5. <u>_____</u> *	<u> </u> / <u> </u> * <small>(MM / YYYY)</small>	# <u>_____</u> *	<input type="checkbox"/>

Email for key student contact or President _____ *

Email completed form to karen@smta.org

Questions? Please contact Karen, Student Chapter Coordinator, 952-920-7682 or karen@smta.org