#

#  Society For Biomaterials Student Chapter Information Sheet DATE (month/day/year):

 **Total Members: \* Note a minimum of three members are required**

**GENERAL INFORMATION**

**University: Address:**

**Phone Number:(xxx)-xxx-xxxx E-Mail Address: Website:**

**FACULTY ADVISOR**

**Name: Department:**

**E-Mail Address: Phone Number:**

**STUDENT INFORMATION**

**Current Leadership**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **E-Mail** | **Permanent E-Mail** | **Phone** | **Position** |
|  |  |  |  |  |
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**Additional Student Members**

|  |  |
| --- | --- |
| **Name** | **E-Mail Address** |
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|  |  |
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Please list all students involved in your chapter regardless of whether they have paid dues or are officially registered as SFB student members. Fill out the Extended Student Members List if more space is needed.

# CHAPTER ACTIVITIES SUMMARY

Briefly summarize chapter activities over the last year. Please list professional development activities, social activities, community outreach, fundraising, and conference attendance.

# CHAPTER GOALS FOR THE UPCOMING YEAR

**OTHER COMMENTS**

**Attached Documents:** Constitution and Bylaws

Extended Student Members List