GLOBAL AFFILIATE APPLICATION

We, the undersigned, hereby request approval of the Society of Women Engineers for recognition as an affiliate to be known as the

Affiliate of the Society of Women Engineers at:

_____

(College or University Name Here-REQUIRED)

AFFILIATE REQUIREMENTS (Checking off this box is required.)

☐ We agree, if the application is approved, to abide by the current version of the Agreement of Appropriate Use and to conduct business in accordance with the core values, goals, objectives and strategic priorities of the Society of Women Engineers.

All official SWE activities must be aligned and compatible with the Society's fiscal year, July 1 to June 30. **All Affiliates must renew each June, regardless of launch date.**

PERMANENT ADDRESS

Our permanent International Affiliate Address (which will not change from year to year) & Point of Contact is:

Name_____ Phone_____

Address_____ Fax_____

_____ Email_____

_____

City/State/Zip_____

***Full Name is required to send the Affiliate a welcome kit. The email address listed above will be added to the international portion of our website**.

DEAN OF ENGINEERING (OR EQUIVALENT)

Name_____ Title_____

Address_____

_____

GLOBAL AFFILIATE APPLICATION

COLLEGIATE MEMBERS OF THE PROPOSED AFFILIATE

This form must be signed in blue or black ink by at least four (4) students. This form must have at least one (1) SWE Collegiate Member or University Friend of SWE listed. A minimum of 50% of the affiliate membership must be female. Additional members or Friends of SWE may be listed on a separate page and attached to this form.

Printed Name (first line) Signature (second line)	Degree/ Certificate/Major	Expected Graduation Date	SWE ID Number (or) email Address*
			T
			T
			T
			T
			T
			T

***IF NO SWE ID IS PROVIDED, EMAIL ADDRESS FOR STUDENTS IS REQUIRED**

SWE SPONSOR

The Sponsor is a requirement for the affiliate application. The Advocate/Sponsor can be an association, nonprofit entity, government institution, corporate partner or professional Affiliate that is willing to mentor, guide, and administer support to the International Affiliate group. The Advocate/Sponsor should be located in the city, country or region of the International Affiliate. Or if the collegiate group is an official, recognized club on the campus of a university with established administrative protocols, the university may act as the Advocate/Sponsor. In the case of a collegiate group, the Advocate/Sponsor may be a SWE professional member. The Sponsor should be in contact with the affiliate on a regular basis, and when necessary, may be tasked with handling the financials for the group. **The Sponsor must write a letter of support and attach to this application**

_____ _____

Printed Name & Affiliation SWE ID (if Applicable)

Permanent Address _____

_____

E-mail Address _____

GLOBAL AFFILIATE APPLICATION

SCHOOL FACULTY ADVISOR

A Faculty Advisor is a requirement for the affiliate application. Many schools require a Faculty Advisor for each recognized campus organization. The Faculty Advisor is responsible for the compliance of the affiliate with the rules and regulations of the school. The Faculty Advisor should be familiar with the students and the campus, as well as sympathetic to the special needs of the proposed affiliate. The Faculty Advisor should be someone who is readily available to the students and who can be a valuable resource for them. **The Faculty Advisor is required to provide a letter of support on the school's letterhead endorsing the affiliate.** The Faculty Advisor is not required to be a SWE Member.

I hereby certify that the Degree, Certificate or Major shown for each student signing this petition is in accordance with school records and that the date of expected graduation is reasonable. I have also included a letter of recommendation on the school letterhead in support of the affiliate.

_____ _____

Advisor Signature Date

_____ _____

Printed Name SWE Grade/Membership Number (if applicable)

Address _____ Work Phone _____

_____ Home Phone _____

_____ Fax _____

_____ E-mail _____

FINAL CHECKLIST for Affiliate Group (check all before submitting):

____Provided name of Affiliate as it will appear on your SWE logo

____Provided Permanent contact information such as full name, address, email

____Provided full name, title, address for the dean of engineering

____Provided list of students which includes school information and email address/SWE id

____Listed SWE Sponsor information & provided letter of Support

____Listed Faculty Advisor information & provided Letter of Support

Send application (including all supporting documents) to SWE Headquarters for processing.

SWE Headquarter Use Only

HQ Approval by_____

Date_____

Affiliate ID Number_____

Processed By _____