



University Student Chapter Application

Please fill out the information below and submit to IBE via mail, fax or email.

1024 Capital Center Drive, Suite 205
Frankfort, KY 40601
Phone: 859-977-7450
Fax: 859-271-0607
Email: bdoty@ibe.org

Student Chapter Membership Information

Date: _____

Institution Name: _____

Faculty Advisor: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

University Student Chapter Officers

President: _____

Vice-President: _____

Treasurer: _____

Secretary: _____

Current IBE Members (minimum of 5)

Member 1

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Member 2

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Member 3

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Member 4

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Member 5

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Member 6

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Member 7

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Member 8

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Member 9

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Member 10

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

****Please attach additional member names and contact information on a separate sheet****

**Remember to develop and submit BYLAWS that are specific to the chapter's needs and wishes.
They will be reviewed and are subject to approval by the Chapters/Branches Committee.**