**Special Interest Group Application Form**

Date of Application:

Name of AOSW Member Completing Application:

Daytime Phone:

Email:

Proposed Name of Special Interest Group:

Number of Active AOSW Members Currently Interested:

*Must include at least 10 emails of interested AOSW members confirming their interest in this SIG.*

Proposed SIG Chair(s):

Name:

Affiliation:

Email:

Name:

Affiliation:

Email:

1. Describe the perceived need for the proposed SIG and how this proposal came about:
2. Describe how this SIG may serve the membership and goals of AOSW:
3. List potential goals of this SIG:
4. List potential activities, resources or tools this SIG may develop:

**Upon completion, please return along with email addresses of min. 10 interested potential SIG members to:** **info@aosw.org**