



8. \_\_\_\_\_ Yes No
9. \_\_\_\_\_ Yes No
10. \_\_\_\_\_ Yes No
11. \_\_\_\_\_ Yes No
12. \_\_\_\_\_ Yes No

\_\_\_\_\_  
 (Signature of ISSTD Contact Person)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

***This section to be completed by ISSTD Management Staff.***

1. Date application received by ISSTD management staff: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2. Group refrains from use of words “international” or “chapter”? Yes No
3. Verification of **ISSTD Contact Person’s** ISSTD membership:
- Number of members in local group: \_\_\_\_\_.
  - Number of local group members who are also ISSTD members: \_\_\_\_\_.
  - **ISSTD Contact Person’s** ISSTD membership criteria met? Yes No
4. If “Yes,” date verified application sent to ISSTD Component Group Liaison(s):  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. If “No,” date notification of denial of ISSTD Component Group Status was sent to local group **ISSTD Contact Person** by ISSTD managerial staff, informing them of the failure to meet ISSTD Bylaws criteria and inviting them to reapply when these criteria are met. Copy of this notice should be sent to ISSTD Component Groups Liaison(s).
6. Date ISSTD Component Group Liaison(s) notified Executive Council regarding conferral or denial of ISSTD Component Group status to this local group: \_\_\_\_/\_\_\_\_/\_\_\_\_\_.
7. Date conferral of ISSTD Component Group status notification sent to local group **ISSTD Contact Person** by the Component Group Liaison(s):  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.
8. Date conferral information forwarded to ISSTD web site chair for posting to web site (if this group chooses to register): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.