**Policy and Procedure for Requested Name Change of an Affiliated Chapter**

**Endorsed February 12, 2025 by ABAI Affiliate Chapters Board**

**PURPOSE:** To identify the necessary criteria and procedure for an established ABAI Affiliate Chapter to request a change in the organization’s name

**POLICY/PROCEDURE**: ABAI Affiliate Chapter status is granted to an organization by the ABAI Executive Council when the organization has submitted evidence of meeting the application and bylaw criteria outlined by ABAI. The name of the chapter is identified in the organization’s application and bylaws and the

In the event an Affiliated Chapter elects to change the name of the chapter, the following procedure and criteria are in effect:

1. The chapter must complete a *Request for Chapter Name Change* form (attached) providing:
	1. A rationale for the name change must be provided
	2. The requested name must not overlap with the geographic boundaries of an existing Affiliate Chapter
	3. The chapter must indicate that the voting membership has approved a name change per the chapter’s bylaws for amending the bylaws
2. The completed *Request for Chapter Name Change* form is submitted to the Chair of the Affiliate Chapters Board, which reviews the form and makes recommendations to the Executive Council
3. The Executive Council will make the final determination to approve/disapprove the name change request

**Affiliate Chapter Name Change Request Form**

**Contact Name:** Click or tap here to enter text. **Chapter:** Click or tap here to enter text.

**Position held:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Current Chapter Name as it is listed with ABAI:** Click or tap here to enter text.

**Proposed Name:** Click or tap here to enter text.

**Rationale for Name Change:** Click or tap here to enter text.

**Please explain how the name change might affect other behavioral organizations or government institutions in your geographical area:** Click or tap here to enter text.

**On behalf of** Click or tap here to enter text.**, I attest that the proposed name change does not overlap with the geographic boundaries of an existing Affiliate Chapter or imply representation that overlaps with any existing Affiliate Chapter.**

[ ] **I understand that ABAI Executive Council approval to change a chapter’s name to the proposed name above is subject to subsequent approval by the voting membership in accordance with the chapter’s bylaws.**

**Name:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Affiliate Chapter Board Recommendation:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**For Executive Council Use:**

**Date Reviewed:**Click or tap here to enter text. **Decision:** Choose an item.