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**YYYY ASI Special Initiatives Proposal**

**Instructions**

Enter the information listed below. For YES/NO questions, delete as required.

Please do not scan these forms.

Rename the form to ‘SURNAME\_Special\_Initiatives\_EOI’ and submit in pdf format according to the instructions.

**Personal Details**

Name:

Email:

**ASI membership**

|  |  |  |
| --- | --- | --- |
| Have you paid your ASI membership for the current year? | YES | NO |

**Special Initiative Proposal**

Please include a short summary below (not more than ½ page) outlining what the initiative is, who would drive it, what funds would be required (co-funding from sponsorship is highly encouraged), and how ASI members would benefit if the initiative was implemented.