

**6:2 Chapter Charter Process**

Page 1 of 1, plus *Application for Charter* and *Chapter Application Member List*

Revised 5/95, 5/99, 11/99, 7/02, 7/04, 10/05, 05/07

Original Date 2/86

Next Review 03/08

**Policy Group 6: Chapters**POLICY

This process is to be followed, with forms completed, to become a chartered Chapter of NAON. The forms for formal petition for charter are kept on file at the national office. To be a "chartered" Chapter of NAON means That NAON has granted certain privileges (defined in policy 6.4 *Chapter Responsibilities and Privileges*) to a local Chapter with official documentation of the same retained by both the Chapter and NAON.

**I. PROCESS FOR CHARTERING A CHAPTER:**

The following forms must be filled out and submitted for review/approval by the appropriate Chapter Advisory Team Committee representative who then forwards them to the national office:

- 1) Chapter Charter Application: signed by all officers of the Chapter plus additional NAON members to equal a total of twelve signatures.
- 2) Chapter Officers Roster: the mailing address of the Chapter will be that of the current president, unless otherwise specified. The listed location of a Chapter is the city which houses the Chapter.
- 3) The taxpayer identification number is obtained from the Internal Revenue Service by completing form #SS-4.
- 4) Application for Chapter tax exempt status under NAON.
- 5) Pending taxpayer identification or application for Chapter tax exempt status will not delay the chartering of a new Chapter.
- 6) The Chapter Advisory Team chairperson notifies the Executive Board of newly chartered Chapters.

## APPLICATION FOR CHARTER

Application for charter under the National Association of Orthopaedic Nurses for a local Chapter to be known as:

\_\_\_\_\_ Chapter

### Mission Statement

*The Mission of the National Association of Orthopaedic Nurses is to advance the quality of musculoskeletal health care by promoting excellence in research, education, and nursing practice.*

The \_\_\_\_\_ Chapter and the undersigned agree to abide by the bylaws and policies of the National Association of Orthopaedic Nurses and all of the rules and regulations promulgated by the Association.

The undersigned fully understand and agree that all Chapter funds are to be returned to the NAON national office in the event of Chapter dissolution.

The undersigned formally applies to the National Association of Orthopaedic Nurses to grant a charter with appropriate privileges to the: \_\_\_\_\_ Chapter.

Respectfully submitted,

Date: \_\_\_\_\_

President:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Treasurer:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

# CHAPTER APPLICATION MEMBER LIST

Chapter Name: \_\_\_\_\_

Chapter #: \_\_\_\_\_  
(assigned by NAON office)

## **President**

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

## **President Elect/Vice President**

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Secretary**

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Treasurer**

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Members (add additional sheets if necessary):**

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_