Form BOD Approved 3.9.2025

SNMA Chapter Charter Form

-New charter applications are due on February 1st and subject to approval by the SNMA House of Delegates.

-Chapter Renewal Forms are to be submitted no later than September 1st.

-All fields are required unless stated otherwise.

For office use only

Date rec'd _____
_____Application complete
____Regional Cert rec'd
____Application incomplete
____Charter granted
____Charter denied
Reason denied _____

_____

_____

Date _____
Staff initials _____

☐ Chapter Recharter ☐ Applying for new charter ☐ Updating chapter information ☐ Mid- Year Change

Region #: ____ Academic Year: ____ - ____

Chapter Type: ☐ SNMA or ☐ MAPS

SCHOOL INFORMATION

SCHOOL NAME _____

CHAPTER ADDRESS _____

_____

(Must be a campus-based address)

CITY _____ **STATE** _____ **ZIP** _____

CHAPTER EMAIL Address (ONLY for Chapter Renewal Application) _____

(ex., myschoolSNMA@snma.org. Non-SNMA email addresses will only be accepted for MAPS chapters)

Check if chapter email address is on listserv: ☐ SNMA Presidents ☐ MAPS Presidents ☐ Unsure

OFFICER INFORMATION

Chapter President's Name _____ **Membership ID** _____ **Personal Email** _____

Other Officer/Member (required for MAPS) _____ **Membership ID** _____ **Personal Email** _____

CHAPTER ADVISOR INFO:

Advisor's Name _____ **Department** _____ **Email address** _____

Additional info for MAPS chapter charters only.

SNMA Host Medical School Chapter _____

OR

☐ My group is NOT affiliated with an SNMA chapter.

☐ **I have contacted my Regional Director. They have granted Regional Certification, and this certification is submitted with this application. (required for New Charter Application only)**

We, the representatives of the above-named students, hereby request charter status / chapter renewal with the SNMA. We certify that we are national dues paying SNMA members. We have read the Chapter Charter Policy and recognize the chapter's duties of involvement on both national and regional levels and of upholding the SNMA Constitution, Regional Constitution, and all policies and principles of the SNMA.

School Official's Name (can be chapter advisor) _____ **Date** _____ **School Official's Signature** _____

Chapter President's Signature _____ **Date** _____

Other Officer/Member Signature (MAPS only) _____ **Date** _____

Submit completed Chapter Update Forms to the appropriate folder on the **Chapter Documentation SharePoint Site**
Email completed charter applications to memberinfo@snma.org and CC secretary@snma.org, your respective Regional Director (region#director@snma.org), and Regional Secretary (region#secretary@snma.org) # = region number