



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 June 1st.

-All fields are required unless stated otherwise.

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

For office use only

Date rec'd _____

Application complete

Regional Cert rec'd

Application incomplete

Charter granted

Charter denied

Reason denied _____

Date _____

Staff initials _____

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