SNMA Chapter Charter Application/Update Form

New charter applications subject to approval by the SNMA House of Delegates
All application and updates must be submitted no later than February 1

SCHOOL INFORMATION

(Required info in blue)

___ Applying for new charter  ___ Updating chapter info

Region #: ____

CHAPTER TYPE
___SNMA or ___ MAPS

SCHOOL/CHAPTER NAME
___________________________________________________

GROUP/CHAPTER ADDRESS
___________________________________________________

( Must be a campus-based address)

CITY _____________________________ STATE ___________ ZIP ____________

CHAPTER E-MAIL ADDRESS
(ex. myuniversityMAPS@yahoo.com or msvschoolSNMA@yahoo.com. Personal addresses will NOT be accepted)

Check if chapter e-mail address is on national listserv:  ___ SNMA Presidents  ___MAPS Presidents  ___Unsure

OFFICER INFO:

President’s Name  Membership ID#  Personal e-mail
___________________________________________________

Other Officer/Member (required for MAPS)  Membership ID#  Personal e-mail
___________________________________________________

CHAPTER ADVISOR INFO:

Advisor’s Name  Department  E-mail 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; he/she has granted Regional Certification; and this certification is submitted with this application. (required by new charters only)

We, the representatives of the above-named students, hereby request charter status with the SNMA. We certify that we are 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.

Please have the appropriate school official place the school seal in the box provided.

_________________________________  _______________________  ________________________
School official’s name    Department    School official’s signature
_________________________________________________
President’s Signature                                   Date
_________________________________________________
Other officer/Member Signature (MAPS only) Date

Mail:  SNMA National Headquarters, Attn: Membership and Chapter Services, 5113 Georgia Ave, NW, Washington, DC 20011
Fax:  202-882-2886