



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

For office use only

Date recvd _____
 Orig charter date _____
 _____ Application complete
 _____ Regional Cert recvd
 _____ Application incomplete
 _____ Charter granted
 _____ Charter denied
 Reason denied _____

 Date _____
 Staff initials _____

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 myschoolSNMA@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

**Place school seal here.
(required by new charters only)**