

**ARKANSAS NURSES ASSOCIATION
CHAPTER FORMATION REQUEST FORM**

This form must be completed, signed by the chapter coordinator and returned to the appropriate ARNA Regional Director. The director will review the request for adherence to the *ARNA Guidelines for Chapter Formation* (attached). If all requirements have been met, the director will arrange a meeting with the chapter coordinator by whatever means, date and time jointly agreed upon. The director will forward the request to the ARNA Board for approval, when she/he is fully satisfied that the chapter is ready to move forward with formation. **PLEASE Respond to all Sections:**

I. Name of Region in which Chapter is Located:

II. Suggested Name of Requesting Chapter (e.g., Little Rock Chapter, Hot Springs Chapter):

III. Chapter Coordinator:

Name of Chapter Coordinator: _____

Address – Home: _____ City: _____ Zip: _____

Phones- Home: _____ Cell: _____

Email Address: _____ Work Place/Role: _____

IV. Purpose of Chapter Meetings (e.g., social, educational): _____

V. Meetings:

Tentative Dates: _____ Day of Week: _____

Time: _____ Monthly _____ Quarterly _____

Location of Meetings: _____

The following signatures indicate review and preliminary approval of the proposed Chapter, prior to submission to the ARNA Board of Directors for final approval.

Signature of Chapter Coordinator
(__ Check here to authorize electronic signature)

Date

Signature of Regional Director
(__ Check here to authorize electronic signature)

Date

VI. Chapter Members: Provide a complete list of ARNA members who have committed to supporting the chapter and its activities. Include all of the following information for each member.

Member Name: _____

Address – Home: _____ City: _____ Zip: _____

Phones- Home: _____ Cell: _____

Email Address: _____ Work Place/Role _____

Member Name: _____

Address – Home: _____ City: _____ Zip: _____

Phones- Home: _____ Cell: _____

Email Address: _____ Work Place/Role _____

Member Name: _____

Address – Home: _____ City: _____ Zip: _____

Phones- Home: _____ Cell: _____

Email Address: _____ Work Place/Role _____

Member Name: _____

Address – Home: _____ City: _____ Zip: _____

Phones- Home: _____ Cell: _____

Email Address: _____ Work Place/Role _____