

AAMN Chapter Formation Checklist

This form is intended to guide your work in AAMN chapter formation. It is submitted to the Chapters & Membership Committee Chairperson and/or the AAMN Executive Director when submitting the formal request for AAMN chapter recognition. Delete the red writing and fill in the blanks..... **Please note: Founders and All officers of any AAMN chapter, both current and future, must be members of AAMN on a national level before candidacy should be accepted.**

- Proposed Chapter Name: _____

Physical Address of Chapter: _____

City, State, Zip Code: _____

Chapter Jurisdiction: _____

- Chapter Formation Leader(s) Contact Information:

Name: _____

Preferred Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

- Names of other AAMN dues paying members associated with chapter formation (at least
 1. _____
 2. _____
 3. _____

- Chapter Bylaws complete and submitted to AAMN

- Formal request submitted to AAMN and includes:
 1. All of the above
 2. Number of chapter formation meetings
 3. Number of individuals to date who have participated in chapter development
 4. Employers, nursing schools and other organizations interested in supporting AAMN chapter development

5. Plan for chapter election of officers, committee chairs or other chapter board members following chapter recognition
6. Initial chapter purpose, goals and strategies
7. Other supporting information

- Submit chapter formation checklist and bylaws to Chapters & Membership Committee Chairperson and/or AAMN Executive Director