



## National Black Nurses Association, Inc.

8630 Fenton Street, Suite 330, Silver Spring, MD 20910 • Phone: (301) 589-3200 • Fax: (301) 589-3223

Dear Prospective Chapter Organizer:

Thank you for requesting information on "How to Start a Chapter" of the National Black Nurses Association, Inc. (NBNA).

Attached is a basic chapter application kit, which includes:

A Chapter Charter Application;

Procedures for applying for Chapter status;

A Chapter Checklist;

You may download Membership and Scholarship Applications  
From this website or request that they be sent to you via mail; and

You may download information about the upcoming NBNA Conference from  
this website or request that they be sent to you via mail

Please fill out the form included with your mailing information so that additional materials can be mailed to you as well. These materials are necessary to complete the application kit.

If requested, we will be happy to assign a board member or Chapter President to assist you in forming your Chapter.

We must receive your completed information and 1) membership dues of \$150.00 (or pro-rated fees) for each RN/LPN/LVN; \$35.00 for each student member; \$75.00 for each retired nurse and first year graduate; and \$2,000.00 for lifetime membership; 2) Chapter Dues of \$150.00; and 3) \$115.00 for Chapter Insurance. The Chapter President must certify by signing the application that all local and national dues have been collected. Upon receipt of all required information, your application is referred to the Bylaws Committee for their review and after their approval, forwarded to NBNA's Board of Directors for their action. Chapters will receive notification by June 1 if the bylaws are approved or additional information is required.

Chapter charters are awarded annually at the NBNA National Conference. Therefore, if you wish to be chartered at the next NBNA Conference, the completed application must be received by March 15<sup>th</sup> annually.

If you have further questions, please contact the NBNA office by mail or telephone 301-589-3200/fax: (301) 589-3223; e-mail: [patgray@nbna.org](mailto:patgray@nbna.org). We look forward to hearing from you.

Sincerely,

Debra A. Toney, PhD, RN  
President

## Request for How To Start A Chapter Materials

Please fill this information in and forward it to the NBNA National Office so that you may receive additional materials that cannot be included on our website:

Name of Requestor:

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Address of Requestor:

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City/State/Zipcode:

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Phone/Fax/e-mail:

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Are you a current member of NBNA?  Yes  No

Please mail, e-mail or fax to Pat Gray:

National Black Nurses Association, Inc.  
8630 Fenton Street, Suite 330  
Silver Spring, MD 20910  
Phone: 800-575-6298/301-589-3200  
Fax: 301-589-3223; e-mail: [patgray@nbna.org](mailto:patgray@nbna.org);

**National Black Nurses Association, Inc.**

**MEMBERSHIP PROCEDURES  
CHAPTERS**

**Chapters are those groups of various nurses who have organized and stand ready to support the National Black Nurses Association, Inc. by becoming a Charter Chapter of NBNA. This status requires that:**

- 1. Each active participating member must be a member of NBNA.**
- 2. The Constitution and Bylaws must be in accord with those of the National Office.**
- 3. All fees must be paid in full by March 15 of each year in order to be Chartered at the National Institute and Conference for that year. *Fiscal year is January 1 to December 31<sup>st</sup>.***

**To become a chapter, the group shall:**

- 1. Request chapter status in writing.**
- 2. Submit an up-to-date roster of all active members (complete with full contact information and designating the elected officers).**
- 3. Submit a copy of their Constitution and Bylaws for review by the appropriate NBNA committee.**
- 4. Remit all fees immediately with the application for charter materials. Submit an annual report of all activities of the Chapter at the Annual Conference where applicable.**

**Chapter Membership entitles the chapter to:**

1. One vote per member on any issue to be decided by the membership or one (1) delegate for every 15 members not in attendance at balloting.
2. One issue per member of any publication, announcement, printed materials, etc. disseminated by National.
3. Have any member in good standing hold an office on the Executive Board when elected by due process.
4. Share all the rights and benefits of members in good standing with NBNA.
5. State their affiliation with NBNA in the local Chapter name.

Chapters may not participate in partisan politics.

## *APPLICATION FOR CHAPTER STATUS*

Please type or print clearly:

Official Name of Group: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Website: \_\_\_\_\_

President or Contact Person's Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Elected Officers

<u>Terms of Office:</u>	<u>(fill in name)</u>	<u>Term</u>	<u>From</u>	<u>To</u>
President:	_____	_____	_____	_____
Vice President:	_____	_____	_____	_____
Secretary:	_____	_____	_____	_____
Treasurer:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Are you incorporated? Yes/No

Do you have Federal Tax Exempt Status 501(c)(3)? Yes/No

**Number of Active Members:**

**RN** \_\_\_\_\_

**LPN/LVN** \_\_\_\_\_

**Students** \_\_\_\_\_

**First Year** \_\_\_\_\_

**Retirees** \_\_\_\_\_

**Group Status:**

**Organized:** \_\_\_\_\_  
**Date**

**GRAND TOTAL** \_\_\_\_\_

## NATIONAL BLACK NURSES ASSOCIATION, INC.

### Chapter Check List

1. A copy of your Bylaws?
2. An updated \*membership roster?
3. Completed application form?
4. A check to cover:
  - Annual Chapter Fee of \$150
  - Liability Insurance Fee of \$115

*If paid in March-August the pro-rated total is: \$110.00, then in December the full yearly fee of \$265.00 will be invoiced and paid by the Chapter.*

National Dues for each Member  
See PRO-RATED DUES FOR MEMBERS.  
\$150 - RN/LPN/LVN  
75 - Retired/First Year Grad  
35 - Student

*Membership Roster must include: Name, Address, City, State, Phone Number, e-mail address; Office held, Degrees, RN/LPN/LVN, Student, Retired and First Year Graduate.*