

## **NATIONAL BLACK NURSES ASSOCIATION, INC.**

8630 Fenton Street, Suite 910, Silver Spring, MD 20910 ♦ (301) 589-3200 ♦ Fax (301) 589-3223  
Estella A. Lazenby, Membership Services Manager: [elazenby@nbna.org](mailto:elazenby@nbna.org)

### **CHAPTER CHECK LIST**

**(All information is to be emailed to the National Office, except where noted)**

**EMAIL THE FOLLOWING DOCUMENTS to [elazenby@nbna.org](mailto:elazenby@nbna.org):**

- A copy of the Chapter's Bylaws
- Chapter Profile Information
- Excel Membership Roster. The Excel worksheet is the form you will continue to use throughout the year to email your submissions to National. Always email a copy of the roster to your Chapter President and Treasurer. The Treasurer will make the check out to NBNA and attach it to a hard copy of the roster and place in the mail.

### **MAILED ITEMS:**

- Check for the Chapter Dues and Liability Insurance (\$365.00) attached a copy of the invoice.
- Membership dues check from the Chapter to National. This check will reflex the total amount from the NATIONAL PAID column on the roster. DO NOT INCLUDE YOUR LOCAL DUES.
- Copy of the completed membership roster and a copy of each 2019 Membership Application.
- To establish a checking account, first go to the IRS.gov website to apply for an EIN#. You will need this to open a checking account.

Mail documents to: Estella A. Lazenby at the National Office, see address above. Please remember to first email a copy of your membership roster to: [elazenby@nbna.org](mailto:elazenby@nbna.org) before placing a copy in the mail.

**ANY QUESTIONS, PLEASE CALL**  
**(301) 589-3200 - *Thank You***

**MBNA**