

# NATIONAL BLACK NURSES ASSOCIATION, INC.

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## 2019 CHAPTER PROFILE

**Any time the chapter's leadership changes, please forward an updated profile to National**

Chapter Name:		
Chapter Mailing Address:		
City:	State:	Zip:
Chapter Telephone #:	Chapter Fax #:	
Chapter Email:	Chapter Website:	
Chapter FEIN/Tax Exempt #:		
Date of Incorporation:	Charter Year:	
Date of Last Election:	Date of Next Election:	
<b>CHAPTER LEADERSHIP INFORMATION</b>		
<b>President:</b>		Term:
Mailing Address (if different from above)		
City	State	Zip
Home telephone#:	Cell telephone#:	
E-mail address:		
<b>Vice President:</b>		Term:
Mailing Address (if different from above)		
City	State	Zip
Home telephone#:	Cell telephone#:	
E-mail address:		
<b>Secretary:</b>		Term:
Mailing Address (if different from above)		
City	State	Zip
Home telephone#:	Cell telephone#:	
E-mail address:		
<b>Treasurer:</b>		Term:
Mailing Address (if different from above)		
City	State	Zip
Home telephone#:	Cell telephone#:	
E-mail address:		
<b>Membership Chair:</b>		Term:
Mailing Address (if different from above)		
City	State	Zip
Home telephone#:	Cell telephone#:	
E-mail address:		
<b>Health Policy Liaison:</b>		Term:
Mailing Address (if different from above)		
City	State	Zip
Home telephone#:	Cell telephone#:	
E-mail address:		