

NATIONAL BLACK NURSES ASSOCIATION, INC.

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2022 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:	
CHAPTER LEADERSHIP INFORMATION <i>Please provide an email address for all leaders</i>		
President:		Term:
Mailing Address (if different from above)		
City	State	Zip
Home telephone#:	Cell telephone#:	
E-mail address:		
Vice President:		Term:
Home telephone#:	Cell telephone#:	
E-mail address:		
Secretary:		Term:
Home telephone#:	Cell telephone#:	
E-mail address:		
Treasurer:		Term:
Home telephone#:	Cell telephone#:	
E-mail address:		
Membership Chair:		Term:
Home telephone#:	Cell telephone#:	
E-mail address:		
Health Policy Liaison:		Term:
Home telephone#:	Cell telephone#:	
E-mail address:		