



SNMA Chapter Charter Application/Update Form

New charter application is due February 1 and is subject to approval by the SNMA House of Delegates

Chapter Update Forms must be submitted no later than June 1

For office use only	
Date recvd _____	
Orig charter date _____	
____ Application complete	
____ Regional Cert recvd	
____ Application incomplete	
____ Charter granted	
____ Charter denied	
Reason denied _____	

Date _____	
Staff initials _____	

SCHOOL INFORMATION

(Required info in blue) _____ Applying for new charter _____ Updating chapter info

Region #: _____

CHAPTER TYPE _____ SNMA or _____ MAPS

SCHOOL/CHAPTER NAME _____

GROUP/CHAPTER ADDRESS _____

(Must be a campus-based address)

CITY _____ STATE _____ ZIP _____

CHAPTER E-MAIL ADDRESS

(ex.. myuniversityMAPS@yahoo.com or myschoolSNMA@yahoo.com. Personal addresses will NOT be accepted)

Check if chapter e-mail address is on national listserv: _____ SNMA Presidents _____ MAPS Presidents _____ Unsure

OFFICER INFO:

President's Name _____ Membership ID# _____ Personal e-mail _____

Other Officer/ Member (required for MAPS) _____ Membership ID# _____ Personal e-mail _____

CHAPTER ADVISOR INFO:

Advisor's Name _____ Department _____ E-mail Address _____

Additional info for MAPS chapter charters only

SNMA Host Medical School Chapter _____

OR

_____ My group is NOT affiliated with an SNMA chapter.

I have contacted my Regional Director; he/she has granted Regional Certification; and this certification is submitted with this application. (required by new charters only)

We, the representatives of the above-named students, hereby request charter status with the SNMA. We certify that we are SNMA members. We have read the Chapter Charter Policy and recognize the chapter's duties of involvement on both national and regional levels and of upholding the SNMA Constitution, Regional Constitution, and all policies and principles of the SNMA.

Please have the appropriate school official place the school seal in the box provided.

School official's name _____ Department _____ School official's signature _____

President's Signature _____ Date _____

Other officer/Member Signature (MAPS only) _____ Date _____

Place school seal here.
(required by new charters only)

Submission Information:
 Please Email Form to: memberinfo@snma.org and CC the National Secretary at secretary@snma.org, your Regional Director and Regional Secretary.