



# SNMA Chapter Charter Application

*\*Regional certification required only for new charters and chapters who have not submitted an update form in 3 or more years. Incomplete and e-mailed applications will not be accepted*

## Regional Certification

I, \_\_\_\_\_, the Regional Director of Region \_\_\_\_ hereby certify that individuals at

\_\_\_\_\_ School Name

City \_\_\_\_\_ State \_\_\_\_\_

have submitted appropriate documentation, have applied to become national members of the Student National Medical Association, and are in assembly to gain charter for a nationally recognized SNMA/MAPS Chapter. If granted an SNMA charter, the group understands its duties of involvement SNMA both nationally and regionally and of upholding the SNMA Constitution, Regional Constitution, and policies and principles of the Student National Medical Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit with completed application to:**

SNMA National Headquarters  
Attn: Membership and Chapter Services  
5113 Georgia Avenue, NW  
Washington, DC 20011

or

**Fax:** 202-882-2886