



# 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](mailto:memberinfo@snma.org) and CC the National Secretary at [secretary@snma.org](mailto:secretary@snma.org), your Regional Director and Regional Secretary.