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2024 APPLICATION FOR CHAPTER STATUS

Please type or print clearly:				
Official Name of Group:				
Mailing Address:				
City/State/Zip:				
Chapter Telephone:				
Chapter email:				
Website:				
President or Contact Person's Name:				
Email address:				
ELECTED OFFICERS				
Title	Full Name	Term	From	То
President:				
Vice President:				
Secretary:				
Treasurer:				
Other:				
Are you incorporated? ☐ Yes ☐ No				
Chapter EIN#:				
NBNA is the parent company for the - Federal Tax Exempt Status 501(c) (3)				
Group Status: NEW RE-ESTABLISHED Date Submitted:				