

# ***NATIONAL BLACK NURSES ASSOCIATION, INC.***

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## **2024 CHAPTER PROFILE**

**Any time the chapter's leadership changes, 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:	
<b><i>CHAPTER LEADERSHIP INFORMATION</i></b> <b><i>Please provide an email address for all leaders</i></b>		
<b><i>President:</i></b>		Term:
Mailing Address (if different from above)		
City	State	Zip
Home telephone#:	Cell telephone#:	
E-mail address:		
<b><i>Vice President:</i></b>		Term:
Home telephone#:	Cell telephone#:	
E-mail address:		
<b><i>Secretary:</i></b>		Term:
Home telephone#:	Cell telephone#:	
E-mail address:		
<b><i>Treasurer:</i></b>		Term:
Home telephone#:	Cell telephone#:	
E-mail address:		
<b><i>Membership Chair:</i></b>		Term:
Home telephone#:	Cell telephone#:	
E-mail address:		
<b><i>Health Policy Liaison:</i></b>		Term:
Home telephone#:	Cell telephone#:	
E-mail address:		