

# NBNA

NATIONAL BLACK NURSES ASSOCIATION, INC.

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## 2026 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	To
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: \_\_\_\_\_