



Chapter Application

Complete the following Chapter Application and send to the PCNA National Office by email to Mariel Snyder, msnyder@pcna.net or mail to: PCNA, 613 Williamson St., Ste. 200, Madison, WI 53703.

Proposed Chapter Name:

State Located: _____ Areas of coverage: _____

Chapter Contact Name (s):

Address:

City/ State/ Zip:

Phone [H]: (_____) _____ [W]:(_____) _____

Email: _____

Bylaw Agreement

We, the undersigned officers of the PCNA Forming Chapter _____, acknowledge and agree that we:

- 1) Have fully read and will abide by the PCNA Bylaws.
- 2) Completed all forms truthfully to the best of our knowledge

We understand that failure to abide by the above documents may result in chapter termination and PCNA charter being denied or withdrawn. Further, we understand that civil and/or criminal penalties may result if we engage in improper fundraising or illegal activities.

(Print name) _____
(Signature) _____
(Date)

(Print name) _____
(Signature) _____
(Date)

(Print name) _____
(Signature) _____
(Date)