Association of Nurses is AIDS Care
Charter Application Packet
HOW TO START AN ANAC CHAPTER

1. All members of an ANAC local chapter must be members of ANAC National. The National Office can supply a list of all ANAC members in your state, which will allow you to identify any current members in your area. If you have people who are interested in forming a chapter, but who are not members, then the Chapters Chair will assist you in encouraging interested parties to join the ANAC organization.

2. Set up an organizational meeting to discuss:
   • The viability of starting a chapter
   • When to meet
   • Where to meet
   • Educational topics for meetings / strategic plan
   • Chapter leadership
   • Commitment to policies and procedures for ANAC chapters

3. Plan, promote and hold first "Chapter-in Formation" meeting. A commitment of 10 ANAC National members is needed to start a Chapter-In Formation (CIF)

4. Information is available on the ANAC website at http://www.NursesInAIDSCare.org

5. Once it has been decided that you are ready to commit to forming a chapter, then a "Chapter-in Formation" Declaration has to be completed. This is not yet on the website, but a copy may be obtained from the National Chapters Chair or on page 65 of this Chapters Handbook.

* If you are unable to access the website, then contact the National Chapters Chair or the National Office and hard copies of the required documents will be forwarded to you.

ANAC National Office
3538 Ridgewood Road Akron, OH 44333
(800) 260-6780 or (330) 670-0101
email: anac@anacnet.org
ANAC "Chapter-In -Formation" Declaration

Declaration Date: ______________

The following individual *ANAC National Members have agreed to work together for the next six (6) to twelve (12) months to develop a local chapter of the Association of Nurses in AIDS Care (ANAC) in the geographic areas loosely defined as:

(Insert state, counties, cities, parishes etc. to define the location of the chapter)

Members:

1. ___________________________  6. ___________________________
2. ___________________________  7. ___________________________
3. ___________________________  8. ___________________________
4. ___________________________  9. ___________________________
5. ___________________________            10. ___________________________

*All of the above named persons must be paid members of National ANAC as of date of Declaration

The following individual will be the ANAC Chapter's Committee "Chapter-in Formation" contact person:

Name: __________________________________________________________

Mailing Address:
______________________________________________________________
______________________________________________________________

Home Phone # ____________________  Work Phone # ____________________
Fax # ___________________________  E-mail: ___________________________

Please indicate preferred method of contact i.e. Home phone / Work phone / fax / e-mail
Instructions and Checklist for Completing the Chapter Charter Application

Chapter Name: ________________________________________ Chapter of ANAC

Date Application Submitted: _____________________________

This application contains all the necessary forms needed to apply for a Charter as a Local Chapter. This checklist has been provided to help complete the process. Check off each item upon completion. The completed chapter application will be reviewed by the Chapter Committee for accuracy and completion. If all is in order, the Chapter Application will be submitted to the ANAC Board of Directors (BOD) for Charter approval. Once approved by the ANAC BOD, the charter will be awarded at the next Annual Meeting of ANAC.

_____ Letter of Application for Chapter Charter: This form must be dated and signed by all officers.

_____ Roster of Elected Officers: Elections may take place as soon as the group has agreed to work together to form a chapter. Requirements per the bylaws for elected officers are waived the first five (5) years of the chapter.

_____ Roster of ANAC Members: A minimum of ten (10) active members of ANAC are required to apply for a charter as a local chapter. The ANAC national office will verify membership. List all members. This form may be duplicated to accommodate all members. The president and secretary must sign and date this form.

_____ Letter of Agreement: This must be dated and signed by the President and Secretary. Please review the policy (Chapter Guidelines) in regard to choosing a chapter name.

_____ Group 990 Letter Form: This form must be completed and signed to authorize chapter use the of Association Federal EIN number for tax-exempt, nonprofit organizations. Should any questions arise regarding tax status, the matter should be directed to the Chapters Committee or the national office. This form is found in Appendix B.

_____ Meeting Minutes (Four (4) Meetings): Minutes should be completed for each meeting during the formation process. A minimum of four (4) meetings with completed minutes should be included in this packet.

_____ Chapter Bylaws: A sample Chapter Bylaws has been provided. This sample copy contains all the necessary information that must be included in a chapter’s bylaws. The bylaws provide guidelines for the management of a chapter. In general, keep the bylaws brief and simple. As the chapter grows and develops, incorporating flexibility into the bylaws will help reduce the amount of work needed to revise the bylaws. In preparing bylaws, use the sample bylaws for guidance (See Appendix C of this manual).

_____ Chapter Logo/Newsletter: If the group has already produced a chapter logo or developed a chapter newsletter, please include a sample of these items. Please refer to the policy in regard to chapter logos.
To: ANAC Chapters Committee

From: _________________________________, Chapter in Formation

Enclosed are three (3) copies of the completed “Local Chapter Charter Application Packet.” We agree to operate and conduct chapter affairs in compliance with the bylaws, policies, and procedures of the Association of Nurses in AIDS Care.

Signed,

______________________________________, President  Date: ___________
______________________________________, President-elect  Date: ___________
______________________________________, Secretary  Date: ___________
______________________________________, Treasurer  Date: ___________
Roster of Local Chapter Officers for

________________________________ Chapter-in-formation

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The following are active members of ANAC and the Chapter in formation. (A minimum of ten (10) active members are required for chapter charter.)

Signed and dated on __________________________

President: ____________________________ Secretary: ____________________________
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Member: _____________________________  Type of Membership (Active, Associate, etc.)
Duplicate this form as needed.
Letter of Agreement for ______________________________________

Chapter-in-Formation

Date:________________________________________

To: ANAC Board of Directors

From: ___________________________Chapter-in-Formation Re: Letter of Agreement

On _______________________________________ (insert date), the members of this
Chapter-in Formation voted to seek Charter as a local chapter of the Association of
Nurses in AIDS Care and approved as the chapter name:
____________________________________________ (insert name) Chapter of ANAC.

Geographic scope of this chapter will include:

_____________________________________________________________________
(Insert counties, boroughs, cities, parishes, etc., including state. Attach a map with the area
highlighted.)

Signed,

_____________________________ , President Date _______________________

_____________________________ , Secretary Date _______________________
Group 990 Agreement Form

___________________________________ Chapter-in-Formation

Date:____________________________

Name of Chapter:_______________________________________________________

We, the officers of the above named chapter of the Association of Nurses in AIDS Care,
hereby authorize the Association’s national office to act as our agent in obtaining a
Federal EIN number for tax purposes. We consent to inclusion in a Group 990 form.

Signed,
__________________________________________ , President
__________________________________________ , Secretary
__________________________________________ , Treasurer