

**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