

CHECKLIST FOR SVN CHAPTER FORMATION

- ***Call the SVN National Office!***
Keep the toll-free number handy: 1-(888) 538-4SVN.
- ***Stimulate Interest!***
 - Speak with Chapter Development Committee Representative and identify target dates for chapter.
 - Hold a meeting of all people interested in forming a SVN chapter.
- ***Recruit Members!***
 - Compile a membership list of at least five (5) individuals to charter the chapter. Each member must perform the following:
 - Complete the **Chapter Member Biography form**
 - Become a **National SVN member** by paying the current annual dues.
(Required prior to receiving SVN Chapter Status)
- ***Define Leadership!***
 - Appoint chairperson/committees
- ***Create a budget!***
 - Develop a plan for financial independence
 - Find commercial/vendor support
- ***Create/Establish Chapter Governance!***
 - *Write* your chapter charter/bylaws (utilize reference “Starting a Local Chapter Manual”)
 - *Submit* chapter charter/bylaws to the SVN Office for review by the Chapter Development Committee.
 - *Revise* document based on Chapter Development Committees recommendations
- ***Define the Chapter!***
 - Create a mission statement, goals, and objectives for the chapter
- ***Submit entire application to the SVN National Office!***
 - Chapter Application Form
 - **Application fee** \$60.00
 - Chapter Member Biography Forms (one for every member)

The Society for Vascular Nursing

Attn: Chapter Services Specialist
203 Washington St., PMB 311; Salem, MA 01970
978-744-5005
(Toll Free) (888) 536-4SVN
FAX 978-744-5029
SVN@administrare.com
www.svnnet.org



NEW CHAPTER APPLICATION

Name of Chapter: _____
(Chapter name must include SVN in title. Geographical location is recommended to be used.)

Contact Person (include credentials/title): _____

Preferred Mailing Address: _____

Phone: (daytime) _____ (evening) _____

FAX: _____

E-mail: _____

Chapter Address: _____

Chapter will be affiliated with an institution:
 NO YES, List affiliation: _____
(Check the most appropriate: Physician practice School Hospital)

***Please attach a brief one to two-page summary of the Chapter's vision including the following topics:
Overall mission of chapter, short and long term goals, proof of financial independence, leadership roster and upcoming activity plans for the next year.***

Please attach the following information:

- ◆ New Chapter Application
- ◆ Application fee (\$60.00 - payable to SVN)
- ◆ Chapter Charter/bylaws
- ◆ Chapter Member Biography Forms
- ◆ 1-2 page summary including the following: (Chapter mission, goals, verification of financial independence, roster of current officer and terms of office and proposed activities/plans for the next year)

Mail to:

Society for Vascular Nursing

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Questions? Contact the Chapter Services Specialist, toll free at (888) 536-4SVN.

SOCIETY FOR VASCULAR NURSING **CHAPTER MEMBER BIOGRAPHY FORM**

NEW RENEWAL

PLEASE LIST YOUR NAME, CREDENTIALS, INSTITUTION, ADDRESS, AND PHONE NUMBER. PLEASE PRINT OR TYPE. ZIP CODES AND AREA CODES ARE VERY IMPORTANT - PLEASE INCLUDE YOURS.

1. NAME(Include name and title as you wish them to appear):

2. CURRENT POSITION:

3. INSTITUTION:

4. PREFERRED MAILING ADDRESS:

5. PHONE NUMBER (Include EXT):

6. E-MAIL ADDRESS:

7. IF YOU WOULD LIKE YOUR MAIL SENT TO AN ADDRESS OTHER THAN THE ONE ABOVE, PLEASE LIST :

8. SPECIALTY AREA:

9. TYPE OF SETTING:
 Academic Private Hospital Free Standing Clinic Other (Specify)

10. WOULD YOU LIKE TO HELP ON A COMMITTEE? YES NO

11. DO YOU KNOW ANYONE INTERESTED IN BECOMING A MEMBER?
(Please list name and address):