



Chapter Reaffiliation Form

Due: May 1, 2020

Email to sna.va.connect@gmail.com

Chapter Name and Number: _____

Submitted By: _____

For Term Year(s): (YYYY-YYYY) _____ Date of Installation: _____

INSTRUCTIONS: To reaffiliate a chapter, this form and a current membership list must be submitted by May 1st. Please complete the officer information for the upcoming year(s). If the position does not exist for the chapter, write N/A. If you need additional space for other positions, please attach a sheet with the appropriate information.

President	
Mailing Address:	
Work Phone:	Cell/Home Phone:
Email Address:	
President-Elect	
Mailing Address:	
Work Phone:	Cell/Home Phone:
Email Address:	
Treasurer	
Mailing Address:	
Work Phone:	Cell/Home Phone:
Email Address:	
Secretary	
Mailing Address:	
Work Phone:	Cell/Home Phone:
Email Address:	

Each Chapter must have a minimum of ten members. To ensure this is met, please attach a current Membership List which includes Member Names and Member Numbers of your chapter.