AMSN Chapter Dissolution Agreement

If a chapter is dissolving, the Primary Chapter Contact will sign this Agreement. By signing this Agreement, the chapter states that it wishes to dissolve its chapter, and all financial obligations have been satisfied.

The chapter will mail this agreement along with a check for the remainder of its unused funds (if applicable) to the Academy of Medical-Surgical Nurses (AMSN).

________________________________________
Chapter Name and Number (please print)

________________________________________
Primary Chapter Contact (please print)

________________________________________
Primary Chapter Contact - Signature

___________________________
Date