Organizational Meeting Topics

Here is a list of suggested items and topics to discuss during your first organizational meeting(s). Once we receive your petition to become a chartered chapter of AMSN, it will be reviewed for approval by the National Office within two weeks.

___ Chapter Charter Petition
- Primary Chapter Contact
- Chapter name
- Institutions and/or Area(s) you will serve
- Officers
- Agreement

___ Finances
Will you have chapter member dues and/or some method of fundraising?

___ Events
Plan for a minimum of four per year

___ First Chapter Meeting
- Plan to hold this meeting after charter has been approved (at least three weeks after charter is submitted)
- Schedule location, date, and time
- If possible, take a digital photo of the group for the new chapter announcement on the AMSN Website
Congratulations on your decision to establish your own AMSN Chapter Charter!

The Academy of Medical-Surgical Nurses (AMSN) chapters compliment and are a vital component of the National Office. Each local chapter is an important mechanism for recruiting, retaining and encouraging participation in AMSN nationally.

Chapters are a way for local AMSN members to connect with each other to share ideas and to raise awareness of the med-surg specialty.

Please fill out the form below to create your own AMSN Chapter:

Fields marked with an asterisk (*) are mandatory.
**BUILD YOUR CHAPTER**

**What Would You Like the Chapter to be Called?**
You determine what the chapter name will be. If you are stuck for a name, view the [Chapter Listings](https://amsn.org/print/amsn-chapter-toolkit-chapter-charter-petition) to get some ideas for the chapter name.

**INSTITUTION/FACILITY**

**What institution or facility would you like your chapter to represent?** NOTE: your chapter charter does not necessarily have to represent an institution or facility. If not, leave this field blank.

**Institution/Facility**

**LOCATION**

**Define what locations (cities and/or counties) and state(s) your chapter charter will serve.**

**City/Cities**
Please list the city/cities that you would like your chapter to serve (separate with commas).

**County/Counties**
Please list the county/counties that you would like your chapter to serve (separate with commas).

**State(s)**
Please list the state(s) that you would like your chapter to serve (separate with commas).
FIVE (5) FOUNDING CHAPTER MEMBERS

List the required five (5) founding AMSN members for this chapter. NOTE: The chapter may have more members, but only five need to be listed here.

AMSN Member 1 *

AMSN Member 2 *

AMSN Member 3 *

AMSN Member 4 *

AMSN Member 5 *

DESIGNATED CHAPTER CONTACT PERSON/SPokesPERSON

The designated chapter contact/spokesperson will receive ALL communication regarding the chapter, including email, traditional mail, phone calls, etc. The chapter contact/spokesperson does not need to be one of the five founding members, but, must be an AMSN member.

Name *

Email *

Address *

City, State, Zip *

Best Phone Number to be Reached *

AMSN CHAPTER CHARTER AGREEMENT

By filling out this chapter petition form, you agree to all of the following: *

• Assign one designated contact/spokesperson for our chapter.
  The designated contact/spokesperson will inform AMSN immediately of any change, including new officers or primary contact.
  The designated contact/spokesperson’s name and email will be included with the chapter listing on the AMSN Website.

• Complete at least four (4) chapter activities per year (e.g. social,

✓ Chapter Achievement Report I ✓ Dissolution Agreement