

POLICY & PROCEDURE ADDENDUM

CHAPTER AFFILIATION AGREEMENT (TEMPLATE)

Chapter Affiliation Agreement

(Insert Chapter Name/Number. The name listed here should match the name listed on chapter's bank account, i.e. Baltimore #101.)

HEREINAFTER referred to as Chapter, for the purpose of establishing a formal affiliation between ANNA, as central organization, and Chapter.

WHEREAS, we attest that Chapter is in good standing with ANNA; and,

WHEREAS, Chapter has agreed to abide by ANNA's Constitution and Bylaws, and all of the rules and regulations promulgated by the Association per the terms of its Chapter Charter Petition; and,

WHEREAS, Chapter agrees to comply with ANNA's Policies and Procedures and has adopted ANNA's Recommended Chapter Bylaws; and,

WHEREAS, Chapter agrees to promote and advance the mission of ANNA within the Chapter's community; and,

WHEREAS, Chapter desires to be formally affiliated with ANNA as a chapter that is subordinate to the central organization; and,

WHEREAS, Chapter has obtained or will obtain an Employer Identification Number (EIN) from the Internal Revenue Service per instructions provided by ANNA and will provide verification of its EIN to ANNA; and,

WHEREAS, Chapter agrees to adopt the same accounting period as ANNA which is the 12-month period April 1 to March 31, and agrees to provide ANNA with its financial reports; and,

WHEREAS, ANNA is organized as a tax exempt 501(c)(6) nonprofit educational organization; and,

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WHEREAS, Chapter desires to be a part of ANNA's Group Exemption for its subordinate chapters for the purpose of securing federal tax-exempt status for Chapter and agrees to operate in a manner that protects and does not jeopardize the interests and tax status of both the Chapter and ANNA; now,

THEREFORE, be it resolved, that Chapter formally petitions ANNA to grant an affiliation with Chapter with all appropriate responsibilities and privileges to the Chapter.

IN WITNESS WHEREOF, the parties have caused this Affiliation Agreement to be executed by their duly authorized officers, effective as of the day and year first written below.

Accepted for Chapter by:		
Chapter Name (Chapter Number Optional)		
Printed Name	Title	
Signature	Date	
E-mail Address	Telephone Number	
Accepted for the American Nephrology	Nurses Association by:	
Printed Name	Title	
Signature	Date	
E-mail Address		

Please sign and date this agreement. Return this original document to:

ANNA Chapter Services, PO Box 56, Pitman, NJ 08071-0056