AHNA Chapter Leader Application

Chapter Leader’s Name  Credentials

Name of Chapter (Location Chapter will serve)

Chapter Leader or Meeting location/address

Day Phone          Evening Phone
E-Mail          Fax

Type of Chapter  (please check one)

☐ Local Area Chapter – shares holistic nursing through presentations, meetings, and community service.
☐ Special Interest Chapter – meet around a common interest, such as cultural diversity, homeopathy, integrative healthcare, etc.
☐ Special Interest: __________________________________
☐ International Chapter – network located outside the United States.
☐ Web Forum Chapter – meet on-line, and communicate via a list-serve.
☐ Student/Faculty Chapter – student nurse or education chapter

Please send me an AHNA DVD for my outreach work: ☐ Yes ☐ No

Chapter Leaders assist AHNA with outreach, education, and promotion of holistic healthcare and recruiting members to join AHNA. AHNA staff provides you, as a Chapter Leader, with all the information you need about AHNA and holistic nursing, as well as tools and materials for planning and publicizing your events.

Chapter Leader tasks include:

☐ Talking with prospective and current members referred by the National office
☐ Facilitating chapter meetings
☐ Maintaining current membership in AHNA
☐ Maintaining communication with chapter members
☐ Recruiting new members to join AHNA
☐ Contacting members who live in your area
☐ Distributing brochures and providing information about AHNA
☐ Representing AHNA in the community, region, and/or state
☐ Must submit chapter annual report, accounting report and Chapter Leader Survey annually to National office

** Please notify us if you are unable to continue as a Chapter Leader, and please find a replacement to ensure that the work of this chapter will continue.

Your contact information will be posted in the Chapter Directory on the AHNA website viewable to AHNA members and non-members for the purpose of networking with the public.

As a Chapter Leader, you are an integral part of the growth of holistic healthcare and AHNA. Thank you for volunteering!

Sign or Type name  Date

PLEASE COMPLETE NEXT PAGE
Chapter Leader

Please elaborate:

1. Why do you want to serve as an AHNA Chapter Leader?

2. Please describe some of the ways you integrate holistic principles into your life.

3. Please briefly describe why AHNA is important to you and/or why you joined AHNA. (With your permission, will be used on AHNA materials.)

Fax to: (785) 234-1713
Or mail to:
AHNA
Becky Arb
Membership Administrative Assistant
2900 SW Plass Court
Topeka, KS 66611