

**DERMATOLOGY NURSES' ASSOCIATION
CHAPTER OFFICER INFORMATION**

Please complete the following information for all chapter officers and submit together with your application for charter.

Name of Chapter

President

Name

Address

City _____ State _____ Zip

Phone: Home _____ Work

E-mail

Employment _____ Position

President-Elect

Name

Address

City _____ State _____ Zip

Phone: Home _____ Work

E-mail

Employment _____ Position

**Recording
Secretary**

Name

Address

City _____ State _____ Zip

Phone: Home _____ Work

E-mail

Employment _____ Position

**Corresponding
Secretary**

Name

Address

City _____ State _____ Zip

Phone: Home _____ Work

E-mail

Employment _____ Position

Treasurer

Name

Address

City _____ State _____ Zip

Phone: Home _____ Work

E-mail

Employment _____ Position