



NEW CHAPTER APPLICATION

Name of Chapter:

(Chapter name must include CSVN in title. Geographical location is recommended to be used.)

Contact Person (include credentials/title): _____

Preferred Mailing Address:

Phone: (daytime) _____ (evening) _____

FAX: _____

E-mail: _____

Chapter Address: _____

Chapter will be affiliated with an institution:

NO YES (List affiliation):

Check the most appropriate: Physician practice School Hospital

Please attach a brief one to two-page summary of the Chapter's vision including the following topics: Overall mission of chapter, short and long term goals, proof of financial independence, leadership roster and upcoming activity plans for the next year.

Please attach the following information:

- New Chapter Application
- Application fee (\$20.00 - payable to CSVN)
- Chapter Charter/bylaws
- Chapter Member Biography Forms
- 1-2 page summary including the following: (Chapter mission, goals, verification of financial independence, roster of current officer and terms of office and proposed activities/plans for the next year)

Email application to: cdnsocietyofvascularnursing@gmail.com

Mail Payment to: CSVN c/o Stephanie Piper 143 Claremont Avenue Winnipeg, Manitoba R2H 1W3



INSERT CHAPTER NAME

CHAPTER MEMBER BIOGRAPHY FORM

Date: _____ NEW RENEWAL

1. Name (Include name and title as you wish them to appear):

2. Current Position: _____

3. Institution: _____

Department _____

4. Mailing Address: _____

5. Phone Number: _____

6. E-mail: _____

7. Specialty Area: _____

8. Would you like to participate on a Committee: Yes _____ No

9. Do you know anyone interested in becoming a Member? (Please list names and addresses.)

10. Are you a member of the CSVN? _____