## Alliance of Cardiovascular Professionals Application for Charter

Please print or type.

Name of Chapter	
Official Address	
City	StateZip
Name of contact Person	
	Fax
Elected (Protem) Officers	
President	Secretary
Address:	
City:	
St/Zip:	
Cell:	
Email:	
	Treasurer
Address:	
Email:	

## **Chapter Representatives** Name;\_\_\_\_\_\_ **Meeting Information** Number of Members: \_\_\_\_\_ Frequency of Meetings \_\_\_\_\_ Place of Meetings\_\_\_\_\_ Membership Information: Please attach a membership roster. **Goals and Objectives**

## **Charter Application Checklist**

Charter Form
Lists of members including name, address, phone numbers, credentials and email
National membership applications for chapter members joining at the same time
Chapter Bylaws

Please return application and attachments to:

ACVP
P.O. Box 2007
Midlothian, VA 23113

Questions – please call Peggy McElgunn at 804.639.9213 (direct)
Or email peggymcelgunn@comcast.net