



FORM AI - RNO CHAPTER CHARTER APPLICATION

Chapter Name: _____ **Chapter of RNO**

Chapter Contact Information:

- Contact Person(s) Name: _____
- Address: _____
- City/State/Zip Code: _____

Phone Numbers:

- Home: _____
- Work: _____
- Cell: _____
- E-mail Address _____ *Required

Please check the contact information you want published in the RNO Newsletter.

Proposed *geographic area* to be served: _____

Charter Meeting Location: _____

Charter Meeting Date: _____

Chapter Correspondence Address _____

Proposed Frequency of Meetings: _____

Dates/Location of Next 2 Meetings (if known)

1. _____

2. _____

Comments or Additional Information:



FORM A2 - RNO CHAPTER CHARTER PETITION

PETITION FOR CHARTER from the Rural Nurse Organization (RNO) for a local chapter to be known as the _____ Chapter of the RNO.

We whose signatures appear below are active members of the RNO, represent the above-named Chapter, and are sincerely interested in advancing the mission and goals of the Rural Nurse Organization; and,

We represent the geographic area of rural nurses living and working in

(city, cities)

(counties and state)

We whose signatures appear below pledge to abide by the Bylaws of the Rural Nurse Organization and all of the rules and regulations promulgated by the Organization; and will plan at least one chapter activity per year to maintain our chapter charter; and,

THEREFORE, be it resolved that we whose signatures appear below formally petition the Board of Directors of the Rural Nurse Organization to grant a charter with all appropriate privileges to the _____ Chapter of RNO.

Respectfully submitted.

Signature Date

Name (print)

RNO Membership No. & Expiration Date

Signature Date

Name (print)

RNO Membership No. & Expiration Date



Signature

Date

Name (print)

RNO Membership No. & Expiration Date

Signature

Date

Name (print)

RNO Membership No. & Expiration Date

Signature

Date

Name (print)

RNO Membership No. & Expiration Date

Signature

Date

Name (print)

RNO Membership No. & Expiration Date



FORM A3 - RNO CHAPTER CHARTER PETITION FINANCIAL DISCLOSURE

Regarding the _____ Chapter of RNO

Whereas we are petitioning to become a voluntary, non-political, non-profit chapter of the Rural Nurse Organization, we hereby disclose that as of _____, the total amount of our available funds is _____. These funds are being maintained at _____ (insert name of bank, city, state).

We understand that these funds may be used as determined by the Chapter as long as the chapter's activities do not violate federal regulations regarding the association's tax-exempt state. (Reference: Chapter Bylaws).

We understand that RNO's tax exempt status may be extended to chapters at no cost upon request to the national organization.

We understand to establish a checking account, we need to apply for and obtain an Employer Identification Number (EIN)

We will not as a Chapter function, permit the solicitation of funds from a source available to the national organization.

Disclosed by

Date

Disclosed by

Date



FORM B - RNO CHAPTER RESPONSIBILITY AGREEMENT

Official Chapter Name: _____

City/State/Region of Chapter: _____

Chapter Correspondence Address-Include address/city/state/zip code:



As the representative of record for chapter, I take responsibility for the Chapter; I take responsibility for the use of the name of the Rural Nurse Organization (RNO) as it relates to Chapter business and interest.

- I agree that any information received from the RNO international office is private and must be maintained in a manner that assures confidentiality.
- I agree that any RNO member data is strictly the property of the RNO and may not be shared or released to any outside entity without the expressed, written permission of RNO.
- I fully realize and accept that should I breach any part of this agreement; I will be subject to ethical and legal action.
- I further agree that this RNO Chapter will be subject to any and all chapter-related policy restrictions/requirements placed upon it by the Rural Nurse Organization.

Signature of Chapter Representative

Date _____

Printed Name of Chapter Representative



FORM C - RNO CONFLICT OF INTEREST STATEMENT

Official Chapter Name: _____

City/State/Region of Chapter: _____

Chapter Correspondence Address-Include address/city/state/zip code;

The purpose of this acknowledgement is to prevent inappropriate or undue influence upon operations of the organization and to protect the tax-exempt interest of the Rural Nurse Organization (RNO).

I have a duty to disclose the existence of any actual or possible conflict of interest that may exist. Failure to disclose any actual or possible conflict of interest will result in disciplinary and corrective action by RNO.

I acknowledge as a Chapter Officer/Representative I am an *Interested Party* and subject the rules and bylaws governing a conflict of interest. As such, I agree to disclose any actual or possible conflict of interest that may exist in accordance with Article--- of the RNO by-laws. I fully realize and accept that if I should breach any part of this agreement, I will be subject to ethical and legal action.

_____ Date _____

Signature of Chapter Representative

Printed Name of Chapter Representative

Type of Nursing License & State
Nursing License Number



FORM D - RNO DISSOLUTION AGREEMENT

Should this Chapter desire to relinquish its Charter, the Chapter shall send to the RNO Chapter Liaison a statement signed by the Chapter President and Treasurer stating that it wishes to relinquish its Charter.

Within 30 days of dissolution, this Chapter will submit a statement to RNO certifying that all financial obligations of every sort have been discharged and declare the amount of any surplus in its treasury, and include a check made payable to RNO in that amount.

This statement shall be accompanied by the Chapter's Charter from RNO, the Chapter meeting records, and financial reports/statements.

The Chapter Liaison shall notify the RNO Board of Directors of the receipt of the complete records and maintain a copy of these records at the national office.

WE, THE UNDERSIGNED OFFICERS of the _____ Chapter of RNO hereby accept the dissolution as outlined above and as a condition for obtaining a chapter's charter for the Rural Nurse Organization.

Signature-President or Chapter Chairperson

Date

Signature-Treasurer

Date

Signature-Secretary

Date

Signature-Other Chapter Officer(s)

Date

Signature-Other Chapter Officer(s)

Date



FORM E - RNO CHAPTER CHARTER ORGANIZATIONAL REPORT

RNO requires each Chapter to submit an annual report as a means to maintain timely communication with RNO concerning each Chapter's status. This will enable RNO to effectively support a close affiliate relationship with each Chapter. Each Chapter is also strongly encouraged to directly contact RNO concerning any significant Chapter status and/or leadership changes as they occur.

Please provide all the information requested. You may open this Report form in Microsoft Word and type in the information in the spaces provided.

Chapter Name: _____ Chapter of RNO
(Insert name of State and/or area covered by Chapter)

Number of Members: _____

Chapter Contact Person: *(this person essentially serves as the Chapter office and receives information for the Chapter from RNO, sends Chapter information to RNO, including quarterly RNO newsletter submissions, and is the referral contact for any Chapter inquiries)*

Name: _____

Mailing address: _____

City/State/Zip: _____

Phone number: _____

Email address: _____

Please list the phone number and email address to be published in RNO newsletter, if different than above:

Name: _____

Phone number: _____

Email address: _____

Office/ Position	Name of Individual	Member of RNO	RNO Membership Number & Expiration Date	Is this person a new officer since last report?
President		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
President- Elect (leave blank if NA)		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Vice- President		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Secretary		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Treasurer		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Chapter Liaison		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Chapter Contact		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Chapter Meetings & Events: (For more space, use an additional piece of paper)

Meeting Schedule (*check one*): ___ Monthly ___ Quarterly ___ Annually ___ Other

Meeting Location: _____

Do you offer education programs at meetings? Yes _____ No _____

Does your Chapter offer an annual education conference? Yes _____ No _____

If there is an annual education conference, which month is it typically scheduled?

Is your Chapter working on any special projects?

Yes _____ No _____

If so, please describe:

Does your Chapter sponsor attendance at the National RNO bi-annual conference for any members or students?

Yes _____ No _____

Other information you would like to share.



FORM F - ACKNOWLEDGEMENT OF RNO BYLAWS

Chapter's Name: _____ Chapter of
RNO

This statement indicates that the _____ Chapter of RNO has reviewed and formally adopted the established RNO Bylaws for the association, which govern the operations and functions of this chapter, its membership, and its officers.

To meet legal requirements, all articles, and sections of the RNO Bylaws have been adopted by this chapter *as written* and without modification.

Further, the Chapter acknowledges that once adopted, this chapter may not amend or revise any section of the bylaws without authorization from RNO.

WE, THE UNDERSIGNED OFFICERS of the _____ Chapter of RNO, serving as representatives of same, hereby accept and adopt the Rural Nurse Organization Bylaws as _____ *written* and without modification.

Signature: _____
President or Chapter Chairperson

Date

Signature: _____
Treasurer

Date

Signature: _____
Secretary

Date

Signature: _____
Other Chapter Officer(s)

Date