

**American Society of Ophthalmic Registered Nurses  
NEW CHAPTER INFORMATION**

This form is to be completed and returned to national Headquarters as soon as officers are elected.

Name of Local Chapter \_\_\_\_\_

Date of First Meeting \_\_\_\_\_

Date of first election \_\_\_\_\_

President: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

President-Elect: Name: \_\_\_\_\_

Vice President: Name: \_\_\_\_\_

Treasurer: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Secretary: Name: \_\_\_\_\_

Board Member: 1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Nominating Committee: 1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

Membership Chairman: Name: \_\_\_\_\_

Dates of meetings: \_\_\_\_\_

Place of meetings: \_\_\_\_\_

Dues: \_\_\_\_\_