



PO Box 2307  
Dayton, OH 45401-2307  
Voice 937.586.3705  
Fax 937.586.3699  
E-mail nant@meinet.com

**APPLICATION FOR CHAPTER/RECHARTER**

**DATE** \_\_\_\_\_

**APPLYING FOR:**           o    CHAPTER  
                                  o    RECHARTER: PREVIOUS CHAPTER # \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**PLEASE SPECIFY THE GEOGRAPHIC AREA YOU WILL SERVE:** (use three digit zip codes or state(s), please) \_\_\_\_\_

\_\_\_\_\_

**FIRST MEETING TOPIC:** \_\_\_\_\_

**DATE:** \_\_\_\_\_                   **TIME:** \_\_\_\_\_

**PLACE:** \_\_\_\_\_

**SPEAKER (if confirmed):** \_\_\_\_\_

<u>OFFICERS</u>	<u>NAMES (please type of print)</u>	<u>SIGNATURES</u>
PRESIDENT	_____	_____
VICE PRESIDENT	_____	_____
SECRETARY	_____	_____
TREASURER	_____	_____

*Please return with your Officer Profiles to: NANT, PO Box 2307, Dayton, OH 45401-2307 or e-mail to [nant@meinet.com](mailto:nant@meinet.com) or fax to 937.586.3699.*



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## OFFICER PROFILE – PRESIDENT

NAME: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NANT MEMBER SINCE: \_\_\_\_\_

YEARS IN NEPHROLOGY FIELD: \_\_\_\_\_

POSITION HELD IN WORKPLACE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF TECHNCIANS/TECHNOLOGISTS AT YOUR FACILITY: \_\_\_\_\_

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## OFFICER PROFILE – VICE PRESIDENT

**NAME:** \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**NANT MEMBER SINCE:** \_\_\_\_\_

**YEARS IN NEPHROLOGY FIELD:** \_\_\_\_\_

**POSITION HELD IN WORKPLACE:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF TECHNCIANS/TECHNOLOGISTS AT YOUR FACILITY:** \_\_\_\_\_

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## OFFICER PROFILE – SECRETARY

NAME: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NANT MEMBER SINCE: \_\_\_\_\_

YEARS IN NEPHROLOGY FIELD: \_\_\_\_\_

POSITION HELD IN WORKPLACE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF TECHNCIANS/TECHNOLOGISTS AT YOUR FACILITY: \_\_\_\_\_

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## OFFICER PROFILE – TREASURER

NAME: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NANT MEMBER SINCE: \_\_\_\_\_

YEARS IN NEPHROLOGY FIELD: \_\_\_\_\_

POSITION HELD IN WORKPLACE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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