



"That the culture care needs of people in the world will be met by nurses prepared in transcultural nursing." Madeleine Leininger

Transcultural Nursing Society

PETITION FOR CHAPTER REGISTRATION

Proposed Name of Chapter: Transcultural Nursing Society Of _____
(Name of city/state/region)

CHAPTER PRESIDENT INFORMATION:

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____ Email Address: _____ TCNS Member: YES NO

Credentials: _____

Current Student: YES NO Current Program of Study: _____

CHAPTER INFORMATION

Geographic borders of chapter by region – city, state, country: _____

Will this be house in a University: Yes NO Name of University: _____

Work Phone: _____ Work E-mail: _____ Fax: _____

City: _____ State: _____ ZIP Code: _____

Country: _____ Current Position: _____

Please describe below one year's planned activities/meetings. Please include date, location, proposed speakers.

(Please attach separate sheet if more room is needed)

Budget/Chapter Participants/ Application Signature

We would like to apply for startup funds of \$100 from TCNS: YES NO

Number of members in chapter: _____ Chapter Members are members of TCNS: YES NO

Signature of Applicant: _____ Date: _____

TCNS OFFICE USE ONLY

Application to BOT: YES NO Date: _____ Approved Declined

\$100 Startup Funds: YES NO ALL DOCUMENTATION INCLUDED: YES NO

PLEASE RETURN TO: TRANSCULTURAL NURSING SOCIETY, ATTN: MEMBER-AT-LARGE
MADONNA UNIVERSITY
36600 SCHOOLCRAFT RD.
LIVONIA, MI 48150 OR: EMAIL TO STAFF@TCNS.ORG