

YEAR  
2016 - 17



**State Chapter Name** \_\_\_\_\_

**Board Structure**

**Name (and dates of their terms of office)**

|                         |  |
|-------------------------|--|
| Executive Director      |  |
| President               |  |
| Vice-President          |  |
| Treasurer               |  |
| Recording Secretary     |  |
| Corresponding Secretary |  |
| Other                   |  |

If you have an Executive Director, is this a paid position? Yes  No

Do you have Regional/Area Directors or Coordinators? \_\_\_\_\_

If yes, please list location of region/area and the name of the person in the position. Use separate sheet if necessary.

**Region**

**Name**

| Region | Name |
|--------|------|
|        |      |
|        |      |
|        |      |
|        |      |

Please provide a list of conferences or meetings that you have held or co-sponsored in 2015-16. Please include the date they were held, and if they were in conjunction with other associations:

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**Continued**

**Select your state member benefits (select all that apply):**

Scholarships  Newsletter  Awards  Discounted Items  Chapter pins  Memorabilia   
Annual Conference  Nurses Lounge page  Webinars  other \_\_\_\_\_

**Representation on state committees:**

Board of Nursing  Legislature  Aging  Lanes  Other

If "other" please describe:

\_\_\_\_\_  
\_\_\_\_\_

**Who is your membership Chairperson?**

\_\_\_\_\_

**Email address for membership Chairperson:** \_\_\_\_\_

**Does your chapter have a web site?** Yes  No

If yes, does your web site link to NADONA's web site? Yes  No

**Please submit all state correspondence to:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

Surety Bond Insurance Provider \_\_\_\_\_ Expire Date \_\_\_\_\_

Amount of the Bond \$ \_\_\_\_\_

Are you planning a dues increase for 2016 – 2017? Yes  No

If yes, what are your new state dues? \$ \_\_\_\_\_ Effective date \_\_\_\_\_

**Continued**

**Please attach the following information to this report:**

- Please remember to send us copies of any **state newsletters** that you send during the year to your members, and please submit **copies of all minutes** from your board meetings to [Jan@nadona.org](mailto:Jan@nadona.org)

**Please email or send this annual report and all the requested attachments to:**

NADONA/LTC  
Attn: State Report  
1329 E. Kemper Road, Suite 4100A  
Cincinnati, Ohio 45246

[jan@nadona.org](mailto:jan@nadona.org)

REPORT IS DUE BY **JUNE 1st** of any given year.

If you have any questions regarding this report, please call the office at 1-800-222-0539 or email [jan@nadona.org](mailto:jan@nadona.org).

**In order to receive *a free registration* to the NADONA conference, we need the state report by 6/1 and your representative MUST attend the Roundtable meeting from 630-9:30pm on Saturday 25<sup>th</sup> 2016 in Austin Texas. *NADONA has the right to refuse complementary membership to any state not submitting the report and or attending the President Round table,***

**The bylaws require an election to occur, be sure you are following your states bylaws, and the NADONA requirement for the states.**

**Those states which have formed associations of Directors of Nursing in long term care and who: Maintain an association of at least ten (10) members, and;**

**In their entirety are or will be members of this Corporation (NADONA/LTC)**

**Applies formally either in writing or by posting statement to (NADONA/LTC) and;**

**Engages a constitution or governing document which is not on conflict with (NADONA/LTC) and;**

**Receives approval by the Board of Trustees of NADONA/LTC,**

**State Chapters must apply as independent organizations and not as part of another state or national association or organization.**

**.State chapters must have elected officers and such officer's names and addresses must be submitted at the time of appointment.**

**State chapters will operate independently. Assistance will be provided by the Corporation upon written request of at least two (2) officers of the state chapter. State chapter Treasurers shall be bonded**

**Thank you, we look forward to seeing you in Austin, Texas.**