



## Chapter Application of Intent

Please complete this form and mail to the SVU national office at 4601 Presidents Drive, Suite 260, Lanham, MD 20706, fax to 301-459-5651, or email to [svuinfo@svunet.org](mailto:svuinfo@svunet.org).

Name of Potential Chapter: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

I HEREBY ATTEST that I have reviewed the SVU Affiliated Chapter Guidelines, and I take responsibility for the development of this new SVU Affiliated Chapter and will complete the entire SVU Application of Chapter Affiliation and submit all required documentation within 1 year from the date of this SVU Chapter Application of Intent. New Chapters that submit a Chapter Application of Intent are limited to 8 free SVU-CMEs for their first chapter meeting in their first year.

I, \_\_\_\_\_, agree to complete and submit to SVU an official SVU Application for Chapter Affiliation within one year from the date below. I also understand that if a formal SVU Application for Chapter Affiliation is not received within one year following the submission of the SVU Chapter Application of Intent, the above chapter will no longer be listed as active, the SVU CMEs will not be awarded to the chapter for its meetings, and the chapter will not be allowed to submit another Chapter Application of Intent, only a formal SVU Application for Chapter Affiliation will be permitted.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_