



"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 NETWORKING CHAPTER REGISTRATION

Proposed Name of Chapter:  
**TCNS Networking Chapter of** \_\_\_\_\_  
(Name of city/state/region) Example: Denver

#### CHAPTER PRESIDENT INFORMATION

Name:		Date:	
Home Address:			
City:	State:	Zip Code:	Country:
Email Address:			
Credentials:		TCNS Member: YES NO	
Current Student: YES NO	Current Program of Study:		

#### CHAPTER INFORMATION

Geographic borders of chapter by region – city, state, country:			
Where will Chapter be housed:			
Address:			
City:	State:	Zip Code:	Country:
Contact E-mail:		Contact Phone:	

Please describe your proposed purpose and activities for the chapter. List current TCNS members involved in the formation of the chapter. (There is no minimum number of members required to start a chapter)

(Please attach separate sheet if more room is needed)

#### Chapter Participants - Application Signature

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
Further Information Requested:	ALL DOCUMENTATION INCLUDED: YES NO		

**PLEASE RETURN TO:** TRANSCULTURAL NURSING SOCIETY  
MADONNA UNIVERSITY  
36600 SCHOOLCRAFT ROAD  
LIVONIA, MI 48150-1176

OR

EMAIL TO: STAFF@TCNS.ORG