3. The chapter contact person is required to submit the following items to the national office within thirty (30) days of charter disbandment:

Statement of Dissolution signed by the President and Treasurer (if one unreachable,

DISSOLUTION CHECKLIST & STATEMENT

In the event a Chapter chooses to dissolve or if a chapter cannot meet the criteria for a chapter please follow the below requirements.

Chapter Name

CHECKLIST

- 1. This Statement of Dissolution signed by the President and Treasurer (if one unreachable, signature is to be either the President or Treasurer and one other Chapter contact).
- _____2. Final bank account statement showing disposition of funds with no outstanding debts.
- 3. Remaining Chapter funds in check form made payable to AAOHN.

Please send all of the above to AAOHN at 330 N. Wabash Ave. Suite 2000, Chicago, IL 60611.

Notified		(Chapter Support & Development Representativ	/e)
on	(date).		

STATEMENT (For those chapters choosing to dissolve)

The Chapter of the American Association of Occupational Health Nurses on a majority vote of the membership has voted to dissolve the Chapter and relinquish its charter. All financial obligations have been discharged. All remaining assets have been distributed to AAOHN in accordance with the bylaws.

Respectfully submitted,	
Chapter President/contact:	

Chapter Treasurer/contact:

Date: