



DDNA Chapter Organization Update

DDNA requires each Chapter to contact DDNA directly concerning any significant Chapter status changes and/or leadership changes as they occur. This includes Board position changes, officer elections, etc. Updating DDNA National of any chapter changes will enable the DDNA Board of Directors, Executive Director, and the staff to effectively support a close relationship with each Chapter.

Please provide all information requested.

Chapter Name _____
(Please include name of state and/or area covered by Chapter)

Number of Members: _____
(Please include approximate)

Chapter Website (if applicable): _____

Does your chapter use Social Media? *Check all that apply.*

Facebook Twitter Instagram Other _____

DDNA National Chapter Contact Person *(This person serves as the “Chapter Office” and receives information for the Chapter from DDNA (member lists, official notices, etc.) and sends Chapter information to DDNA including DDNA newsletter submissions, chapter updates, and the annual report). Please note: Member information cannot be shared with anyone who has an inactive/expired membership with DDNA National. Maintaining an active DDNA National membership is required.)*

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

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Chapter Representative *(This person represents the Chapter on a national DDNA Committee of choice, attends the current year's DDNA conference, and represents the Chapter at the conference Chapter event)*

Name: _____

Phone Number: _____

Email Address: _____

Public Chapter Contact *(This person represents the chapter as the **public** contact for Chapter inquiries from members and non-members and **permits DDNA to publish any contact information listed below on the DDNA website, in the DDNA News Network, and in official publications.** If you **do not** wish to use a personal email address, Chapters can create a chapter-wide email address (example: SouthernNewJerseyDDNA@gmail.com) through Gmail, Yahoo, etc. This may be used for both official chapter business and public contact purposes.)*

Contact Name: _____

Email (required): _____

Phone: _____

Mailing Address for Chapter or Public Contact: _____

City, State, Zip: _____

Chapter Dues Contact *(This person accepts Chapter dues payments from the national office. Typically, this contact is the treasurer for the Chapter; however, this is not required. Collected dues are mailed on a quarterly basis to the Chapter. Dues cannot be mailed to anyone who has an inactive/expired membership with DDNA National. Maintaining an active DDNA National membership is required and dues will be held until membership is renewed or until the contact person is changed.)*

Contact Name (required): _____

Email (required): _____

Mailing Address (required): _____

City, State, Zip (required): _____

Phone Number (required): _____

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Chapter Leadership

Office/Position	Name of Individual	Member of DDNA National?*	DDNA Membership Expiration Date	Office/Position Term End Date
President				
President-Elect (leave blank if not applicable)				
Vice President				
Secretary				
Treasurer				
Chapter Representative (from above)				
Public Chapter Contact (from above)				
DDNA National Chapter Contact (from above)				
Other				

*Active membership with DDNA National is *required* to hold an office/position with the chapter. It is the responsibility of the officer/member to maintain their membership and renew without lapse.

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Chapter Meetings & Events

Meeting Schedule (check one):

Monthly Quarterly Annually

other: _____

Meeting Location: _____

Do you offer education programs at meetings? ____ Yes ____ No

Does your chapter offer an annual conference? ____ Yes ____ No

*If so, during which month is it typically held? _____

Does your chapter sponsor attendance at the DDNA National Education Conference for any member(s) or student(s)? ____ Yes ____ No

*If so, for how many people? _____

Would you like assistance from DDNA National in promoting meetings and events held by your chapter? ____ Yes ____ No

Thank you for the update!

Please submit this form to: chapters@ddna.org

**For questions or concerns, you may reach us during normal
business hours by phone or email.**

**800-888-6733
chapters@ddna.org**