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| Chapter Name: |  | |
| President Name: |  | |
| President Email: |  | |
| Chapter Email: |  | |
| Chapter Phone #: |  | |
| Chapter Website: |  | |
| Facebook Link: |  | |
| Facebook Owner Name: |  | Owner Email: |
| Instagram Link: |  | |
| Instagram Owner Name: |  | Owner Email: |
| LinkedIn Link: |  | |
| LinkedIn Group Owner: |  | Owner Email: |
| Twitter Link: |  | |
| Twitter Page Owner: |  | Owner Email: |
| Other: |  | |

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| --- | --- |
| Date submitted: |  |

Please send this form to the BNR National Office at: [chapters@blacknursesrock.com](mailto:chapters@blacknursesrock.com)