

AMERICAN SOCIETY FOR  
Pain Management  
 Nursing

CHAPTER  
FORMATION  
RESOURCE MANUAL

ASPMN Executive Office

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## **OVERVIEW**

Founded in 1990, the **American Society for Pain Management Nursing (ASPMN)** is an organization of professional nurses dedicated to promoting and providing optimal care of patients with pain, including the management of its sequelae, through education, standards, advocacy, and research.

### **Benefits of ASPMN membership:**

- Resource for networking with nurses in similar roles and with similar interests.
- Active committee participation.
- The Society newsletter, *ASPMN Pathways*.
- Reduced registration fee for the regional and annual meetings.
- Research grants.

### **The goals of ASPMN are to:**

- Promote and provide education that stimulates knowledge and enhances skills required for professional growth.
- Encourage nurses to specialize in the practice of pain management nursing.
- Facilitate effective communication among pain management nurses.
- Encourage the professional development of pain management nurses, both individually and collectively.
- Encourage and support systematic study, evaluation, and research related to pain management nursing care.
- Promote the delivery of high quality pain management care.
- Speak for the nursing profession, with governmental bodies and the public, on issues that concern pain management.
- Establish standards of clinical nursing practice and nursing education.

## **PURPOSE OF ASPMN CHAPTERS**

Chapters are an important way to collaborate at the local level; it is in chapters where enthusiasm and interest in pain management nursing comes alive. **ASPMN** chapters serve as a link between people within the chapter, as well as between the chapter and the National Office. Involvement in a local chapter is a very exciting way to collaborate and use the talents/expertise of people. In addition, it creates collegial relationships in which individuals can share ideas and concerns. The link with **ASPMN** provides a positive partnership with members internationally.

### **Benefits of chapter membership:**

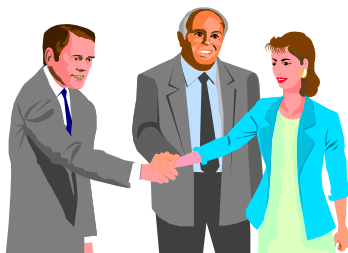
- Professional growth within the specialty of pain management nursing
- Networking with people of similar interests
- Potential for leadership at the local level
- Communication network at the local level
- Promote awareness of pain management within the nursing field and the community
- Participation in educational programs at the local level
- Partnership with the National Office and other ASPMN chapters
- Camaraderie with others in a geographic area

## REQUIREMENTS FOR ESTABLISHING ASPMN CHAPTERS

- A sincere interest and enthusiasm on the part of the **ASPMN** members to establish a chapter.
- A minimum of five individuals (**all must be ASPMN members**) are needed to start a chapter. Non-**ASPMN** members are welcome to participate but must become national members at the time of charter.
- Chapters must be financially independent (See “Chapter Start Up Information” on how to achieve this). Each chapter can set its own membership dues as necessary.
- Chapters will develop local bylaws. The national organization will provide model bylaws for local chapters to adopt/adapt. Chapters have autonomy with respect to their mission, goals, objectives, and activities as long as there is no conflict with the national organization’s mission, goals, objectives, and activities.

## CHAPTER START UP INFORMATION

- Groups may request mailing labels from the National Office for their local area. These are to be used for recruiting new members (see enclosed).
- Plan your recruitment: this can be a mailed letter or personal contact. Explain the purpose and benefits of forming a chapter. Contact local healthcare institutions and related nursing organizations in your area.
- Schedule an organizational meeting with adequate advance notice in a centrally located place or interested people.
- Draft and mail invitations or flyers to interested people and various institutions. Be sure to include an RSVP phone number or reply card for responses (see enclosed sample).
- Obtain **ASPMN** membership applications from the National Office to distribute at the meeting.
- Consider using attractive nametags for the meeting to facilitate networking.
- Try to make your meeting worthwhile by offering an educational topic.
- Set initial meeting agenda such as:
  1. Call to Order
  2. Introductions & Welcome
  3. Educational Presentation
  4. Plans for Chapter Development
  5. Questions and Answers
  6. Elect or ask for volunteers for officers
  7. Plan next meeting/future education
  8. Adjourn for refreshments/networking
- Complete Chapter Intention Form (see enclosed) and mail to the National Office.
- Groups submitting a Chapter Intention Form may apply for and receive up to \$30 for money spent to start a chapter (see enclosed).
- A chapter liaison will be available to those groups who have submitted a Chapter Intention Form. A liaison will be assigned to each chapter to exchange information and help during the chapter development and application process.
- Develop a plan for financial independence. This can be accomplished by charging local chapter membership dues (no more than 50% of national dues), sponsors from hospitals and/or pharmaceutical companies, and charging minimal meeting fees. Each group will decide how to achieve financial independence.
- Develop chapter bylaws. The national organization will provide model bylaws for local chapters to adopt/adapt. Chapters have autonomy with respect to their mission, goals, objectives, and activities as long as there is no conflict with the national organization’s mission, goals, objectives, and activities.
- It is suggested that you establish a post office box for all your correspondence from the national office, members, and prospective members. It provides a central location for mail to be sent from your bank, membership drives, and official correspondence.
- A group is allowed one year to organize, adopt bylaws, elect officers, and submit their Petition to Charter Application.



## **COMMITTEE FORMATION**

The group chairperson is responsible for appointing working committees of the group. The number of people on each committee will have to be determined by the objectives and the size of the chapter.

Following are suggestions for officers/committees and their responsibilities:

<u>Chairperson</u>	Serve as the official representative of the chapter Preside at all official meetings of the chapter Act as a liaison and mentor for all members of the chapter Serve as the link to the National Office
<u>Secretary/Treasurer</u>	Record and circulate to all members the minutes of all meetings Send notice of all meetings to all members Conduct official correspondence Be in charge of all funds of the chapter Deposit all monies in the name and to the credit of the chapter Render a statement of financial condition of the chapter at all meetings
<u>Nominating Committee</u>	Nominate eligible candidates for the Executive Board and Nominating committee
<u>Bylaws Committee</u>	Develop/review the bylaws of the local chapter Prepare requisite amendments Present amendments to the members for action
<u>Program Planning</u>	Develop and promote educational sessions Design and send flyers/announcements of all planned sessions Obtain and distribute handouts and evaluations for each program Obtain contact hour approval for each program
<u>Publicity/Membership</u>	Advertise the chapter by creating a newsletter, using bulletin boards, media, and newspapers Welcome and promote new members into the group
<u>Fund-Raising</u>	Organize all activities related to fund raising. Some ideas for raising funds include: half or full day seminars raffles membership fees corporate sponsorship

## **CHAPTER RESPONSIBILITIES**

Chapter responsibilities include:

- ❖ To understand, uphold, and support the mission statement, purpose, and goals of ASPMN
- ❖ To provide a minimum of one educational program for continuing education credits per year
- ❖ To provide ASPMN with the required annual reports and bylaws when changes are made
- ❖ To promote recruitment and retention of membership (All chapter members are to be members of the National Organization)

## **THE APPLICATION PROCESS**

The application process is completed in two phases.

### **Initial Phase:**

- Complete Chapter Intention Form
- List of members – at least five members are National Organization members initially
- Adopt bylaws congruent with the National Organization
- Elect Officers

At this stage a liaison will be appointed to facilitate the process of becoming a chapter.

### **Second Stage:**

- Petition to Charter Application
- Current list of members – all members of the chapter must be National members
- List of elected officers
- A set of meeting minutes that indicate the adoption of bylaws
- Chapter bylaws
- Minimum of one educational meeting offering CEU's

The Committee for Chapter Development will acknowledge receipt of any Chapter Charter application within 30 days. The Chapter application will be reviewed and a written response will be sent following the Board of Directors' next meeting.

## **GUIDE FOR MAINTAINING A LOCAL CHAPTER**

The approved chapter must adhere to the National Organization requirements for maintaining the charter and membership. These requirements include:

1. Minimum of one educational program which is approved for continuing education credits
2. The chapter should meet a minimum of four times yearly and the meeting time should not conflict with the Annual Conference of ASPMN
3. The Annual Report must be submitted by July 31st to inform the National Organization of activities and finances of the chapter

**Failure to meet these requirements will result in dissolution of the chapter**



## **A CHARTERED CHAPTER**

- ☞ Ensures an open line of communication with the regional and national organization.
- ☞ Directs the national organization through communication of needs, suggestions, concerns, and opinions.
- ☞ Facilitates the acquisition and recording of continuing education units (contact hours) for approved programs.
- ☞ Provides an avenue for professional growth within the specialty field.
- ☞ Provides an opportunity for members to share thoughts, learn, and attempt to solve common problems
- ☞ Maintains financial independence.
- ☞ Reports annually to the national office.

## **PUBLICITY/MEMBERSHIP DEVELOPMENT**

- Use labels from the National Organization for the geographic area the chapter encompasses. These labels will be available to the chapter quarterly
- Add to the chapter mailing list by sending invitation to area hospital Pain Management Service or Director of Nursing to a meeting
- Assign an officer (President-elect, Secretary) to oversee and organize membership
- Develop a chapter newsletter to announce member promotions, moves, and share helpful tips
- Use available bulletin board space in area hospitals to post information flyers. Be original and creative with flyers
- Announce continuing education credited programs in Pathways

## **MISCELLANEOUS INFORMATION**



Avoid burnout! As quickly as possible, recruit members to assist committee chairpersons. Otherwise, a small group of people will end up doing all the work and will quickly burn out. Say thanks to officers and committee members often and sincerely. Consider generating sufficient funds from chapter activities to partially or fully fund a chapter member's attendance at the national symposium or other leadership training programs.



Surveys. As soon as possible after start-up, survey the entire mailing list to solicit opinions on meeting topics and program locations (provide a variety of choices). The survey can also be used to recruit committee volunteers and provide membership information. These data will provide solid direction for chapter activities and will encourage non-members to join the chapter



Chapter Address. If at all possible, chapters should have published, permanent chapter addresses and phone numbers to:

1. Increase assurance that communications will be received – and responded to in a timely manner
2. Ease administrative functions such as establishing legal and tax-exempt status
3. Foster a sense of identity and permanence

# MODEL CHAPTER BYLAWS

## ARTICLE I NAME

The name of this organization shall be the **American Society for Pain Management Nursing** [*name*] Chapter (ASPMN – [*name*] Chapter). This organization is a chapter chartered by the **American Society for Pain Management Nursing** whose bylaws regulate this chapter and its members.

## ARTICLE II PURPOSE

The purpose of the **American Society for Pain Management Nursing** shall be to unite professional registered nurses dedicated to promoting the highest standards of care for patients of all ages experiencing pain throughout the lifespan.

Should the chapter want to add goals as are done in the national bylaws that would be acceptable. The only precaution is to be sure that any goal is within the scope of the organization and that scope is defined in the purpose statement. The local chapter is not authorized to have a purpose or goal that is outside the scope of the purpose as stated in the national bylaws. If goals are added, the format of this article should be consistent with the national bylaws: A. Purpose B. Goals or Functions of the Chapter.

## ARTICLE III MEMBERSHIP

**Section 1:** Membership in this chapter shall be open only to members of the **American Society for Pain Management Nursing**. Application for membership shall be made to the Chapter Board of Directors and shall become effective upon approval of the chapter Board of Directors and the National Board of Directors.

No person may be a member of the chapter if that person is not also a member of the National Organization.

**Section 2:** There shall be six classifications of membership which are: Active, International, Student, Honorary, Lifetime, and Corporate, described as:

A. Active Member:

Any United States citizen or permanent resident who lives within or outside of the boundaries of the United States and is licensed to practice as a professional registered nurse interested in pain shall be eligible for active membership. An active member may vote, hold office, and serve on committees.

B. International Member:

A professional registered nurse licensed and practicing outside the United States, and not licensed in the United States shall be eligible for international membership. International members shall be excluded from holding office and voting. An International Member may be asked to be a non-voting committee member if approved by the Board of Directors.

C. Student Member:

Any individual enrolled full-time in an education program is eligible for student membership. This includes students enrolled in nursing education programs leading to eligibility for registered nurse licensure, BSN degree completion programs, and advanced degree programs. Student members shall be excluded from voting, holding office, and serving as committee members.

D. Honorary Member:

Any individual who has made distinguished contributions to pain management nursing or has furthered the objectives of the society shall be eligible for honorary membership. Individuals shall be elected to honorary membership by a unanimous vote of the Board of Directors. Honorary members shall be excluded from voting, holding elected office, and serving as committee members. Honorary members who were eligible voting members upon election to honorary membership status shall retain their rights and privileges in the society.

E. Lifetime Member:

Any active member in good standing shall be eligible for lifetime membership. At the discretion of the Board of Directors and upon recommendation of the Membership Committee, lifetime membership may be conferred in special circumstances. A Lifetime member shall have all rights and privileges of an active member, including one vote, but shall be exempted from paying dues.

F. Corporate Member:

Corporate Members shall be organizations, corporations or individuals who have financially supported ASPMN. Corporate members shall be excluded from voting, chapter membership, holding elected office, and serving as committee members.

● **A chapter may decide whether or not to include any or all of the following classifications: Honorary or Lifetime.**

**Section 3: Membership Year/Fiscal Year**

- A. The Board of Directors shall determine the annual dues for the various classes of members. Dues shall be no more than 50% of national dues and shall be payable on the membership anniversary date of each year. Dues are delinquent 60 days following the annual date of renewal. A member whose chapter dues or national dues become delinquent, shall be automatically dropped from membership in the chapter. Members can be reinstated upon payment of their dues. Dues are not refundable.
- B. The fiscal year shall be July 1<sup>st</sup> through June 30<sup>th</sup>.
- C. Membership dues may be prorated if membership is less than one year.

ARTICLE IV  
OFFICERS

**Section 1:** The officers shall be a president, president-elect, secretary, treasurer and \_\_\_\_\_ directors. These officers shall perform the duties prescribed by these bylaws and by the parliamentary authority adopted by the chapter. The number of officers and directors needs to be determined by the size of the chapter. A chapter may find it advantageous to stagger the terms of the directors, e.g. each director has a 2-year term and half are elected each year. Small chapters may choose to combine offices, but unless your bylaws read otherwise, there is nothing preventing a person from holding more than one office at a time.

**Section 2:** The officers shall be elected to serve for 1 year or until their successors are elected. Their term of office shall begin on \_\_\_\_\_. No member shall be eligible to serve more than 2 consecutive terms in the same office. A chapter might consider having a term of office for the president, president-elect, secretary, and treasurer and a different term of office for the directors. The directors might be a 2-year term with other officers a 1-year term. Remember there is not a regular election for the office of president since the election to the president-elect position automatically makes that person president at the completion

**Section 3:** The president-elect shall fill a vacancy in the office of president. A vacancy for any other office shall be filled by a vote of the Board of Directors.

**Section 4:** At the \_\_\_\_\_ meeting, the chapter shall elect meeting a nominating Committee. It shall be the duty of this committee to nominate candidates for the offices to be filled at the \_\_\_\_\_ meeting. Before the election at the \_\_\_\_\_ meeting, additional nominations from the floor shall be permitted.

- The election must occur by March 1 so the newly elected officers may receive leadership training at the ASPMN Annual Meeting

**Section 5: Duties of the Officers**

President: The president shall be the Chief Executive Officer of the chapter and shall:

1. Preside at the meetings of the Board of Directors and the annual business meeting
2. Be responsible for executing policies determined by the Board of Directors
3. Act as the chief spokesperson for the Society
4. Serve as ex-officio member of committees of the Society except otherwise provided by these bylaws
5. Appoint chairperson of special committees
6. Have authority to sign all checks, disbursements, and legal documents

President-Elect: The president-elect shall:

1. Assist the President in the performance of his/her duties as and when requested
2. Substitute for the President when required, including chairing meetings in the absence of the President
3. Automatically assume the office of the President for a term of one year at the end of the President's term
4. Assume duties of the President

Secretary: The Secretary shall:

1. Record the minutes of all meetings of the members and of the Board of Directors
2. Maintain correspondence for ASPMN
3. Notify members of all meetings
4. Be responsible for any other duties of the Society as may be requested by the Presidents of Board of Directors
5. Be responsible for providing the Annual Report to the National Organization

Treasurer: The Treasurer shall:

1. Receive and have custody of the Society's funds and securities
2. Maintain a full and accurate record of receipts and disbursements of funds belonging to the Society
3. Deposit all monies and valuable effects in the name and to the credit of the Society in such depositories as may be directed by the Board of Directors
4. Present a statement of receipts and disbursements to the Board of Directors and Membership at the annual business meeting
5. Be responsible for any other duties of the Society as may be requested by the President of Board of Directors
6. Be responsible for providing the Annual Fiscal Report to the National Organization

- ❖ The Treasurer and President shall have the authority to sign all checks, disbursements, an legal documents
- ❖ The Treasurer shall substitute for the President if the President, President-Elect, or the Immediate Past President is unable to serve.
- ❖ For any expenditure over \$50, the President/Treasurer must seek a quorum vote from the membership.

ARTICLE V  
BOARD OF DIRECTORS

➤ **SMALLER CHAPTERS MAY CHOOSE TO OMIT THIS ARTICLE AND HAVE ONLY AN OFFICERS ARTICLE**

**Section 1:** The officers of the chapter shall constitute the Board of Directors.

**Section 2:** The Board of Directors shall have general supervision of the affairs of the chapter between its business meetings, fix the hour and place of meeting, make recommendations to the chapter, and shall perform such other duties as are specified in these bylaws. The Board shall be subject to the orders of the chapter and none of its acts shall conflict with action taken by the chapter. The Board has no power which is not given to them by the bylaws.

**Section 3:** Regular meetings of the board should be included in the bylaws.

**Section 4:** Special meeting of the Board may be called by the president and shall be called upon the written request of three members of the Board.

**Section 5:** A majority of the members of the Board shall constitute a quorum.

**Section 6:** Between meetings of the Board, business may be conducted by a conference call.

- If the Board intends to use the tools listed in **Section 4** through **6**, it must be established in the bylaws.

ARTICLE VI  
MEETINGS

**Section 1:** Regular meetings of the chapter shall be held at least \_\_\_\_\_ at a place determined by the Board of Directors.

A minimum of 4 meetings per year is required. The following are some of the possible choices for wording of this section:

1. Regular meetings of the chapter shall be held monthly at a time and place determined by the Board of Directors.
2. Regular meetings of the chapter shall be held monthly, except for the months of July and August, at a time and place to be determined by the Board of Directors.
3. Regular meetings of the chapter shall be held quarterly at a time and place to be determined by the Board of Directors.

**Section 2:** The regular meeting held \_\_\_\_\_ shall be known as the annual meeting and shall be for the purpose of electing officers, receiving reports of officers and committees, and for any other business that may arise.

**Section 3:** Special meetings may be called by the president or by the Board of Directors and shall be called upon the written request of \_\_\_\_\_ members of the Chapter. The purpose of the meeting shall be stated in the call. Except in cases of emergency, at least 3 days notice shall be given.

**Section 4:** \_\_\_\_\_ of the members of the chapter shall constitute a quorum. The chapter should determine the quorum using the guidance given in its parliamentary authority: "The quorum should be as large a number of members as can reasonably be depended on to be present at any meeting, except in very bad weather or other exceptionally unfavorable conditions." As the chapter grows this number will need adjustment unless you indicate a fraction, e.g. 1/4, a majority, 1/3, etc.

ARTICLE VII  
COMMITTEES

**Section 1:** The Executive Committee shall be composed of the president, the president-elect, secretary, and treasurer. The Executive Committee shall have general supervision of the affairs of the chapter between meetings of the Board of Directors. The Executive Committee shall be subject to the orders of the chapter and the board, and none of its acts shall conflict with actions taken by the chapter or the board.

**Section 2:** The Program Planning Committee shall be composed of a chairman, appointed by the president and approved by the Board of Directors, and a minimum of \_\_\_\_\_ members who are appointed by the chairman. The Program Planning Committee shall be responsible for preparation of the programs at the chapter meetings.

❖ **This section and succeeding sections should list the standing committees that are desired by the chapter. A standing committee does not exist without creation here. This section should tell the name of the committee, its make up and its purpose.**

**Section 3:** Such other committees shall be appointed by the president as the chapter or the Board of Directors shall from time to time deem necessary to carry out the work of the chapter. The president shall be ex-officio, a member of all committees except the Nominating Committee.

ARTICLE VIII  
DISSOLUTION

In the event of dissolution of the chapter, the distribution of any remaining funds will go to the **American Society for Pain Management Nursing**.

ARTICLE IX  
PARLIAMENTARY AUTHORITY

The rules contained in the current edition of *Robert's Rules of Order, Newly Revised* shall govern the chapter in all cases to which they are applicable and in which they are not inconsistent with these bylaws, the bylaws of **ASPMN**, and any special rules of order of the chapter or **ASPMN**. The local chapter must keep the same parliamentary authority as the National Organization.

ARTICLE X  
AMENDMENTS

**Section 1:** These bylaws may be amended at any regular meeting of the chapter by a two-thirds vote, provided that the amendment has been submitted in writing at the previous regular meeting.

**Section 2:** Any amendment to the **ASPMN** bylaws that directly affects these bylaws shall automatically amend these bylaws. Notice of required wording change shall be incorporated upon receipt from **ASPMN** and shall be distributed to each chapter member. In the event of optional wording being provided by **ASPMN**, amendment shall be made by a majority vote with notice submitted in writing at the previous regular meeting.

ARTICLE XI  
INDEMNIFICATION

The chapter shall indemnify its officers.

**American Society for Pain Management Nursing**  
**Chapter Annual Report Form**  
**Due July 31<sup>st</sup> of each year**

Chapter Name: \_\_\_\_\_  
This report is reflective of information occurring during July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_.

**Business:**

Check those that apply:

- All board and committee meeting minutes are on file  
 Chapter needs assessment completed (attach a copy)  
 Bylaws reviewed annually:  no changes  changes (attach amendments)

A. List dates of business meetings:

B. List recognition/awards given and name of recipient:

C. List last year's goals and how accomplished or work in progress to accomplish:

D. List any community service or involvement sponsored by the chapter:

E. List chapter committees:

F. List any fund-raising efforts:

**Membership:** (attach current membership list)

Check all that apply:

- Membership records on file  
 All chapter members are members of ASPMN  
 Do you have a chapter newsletter  no  yes (attach a copy)

Current chapter annual dues:

List the following numbers of members:

Active members	
International members	
Student members	
Honorary members	
Lifetime members	
Corporate members	
<b>Total number of chapter members</b>	

New members this year \_\_\_\_\_

Chapter membership has: \_\_\_\_\_ remained the same \_\_\_\_\_ increased \_\_\_\_\_ decreased

**Financial:** (attach bank statement)

Check all that apply:

\_\_\_ Financial records on file

\_\_\_ Annual audit of financial records

Starting balance as of July 1, \_\_\_\_\_

Ending balance as of June 30, \_\_\_\_\_

Assets:

- 1. Cash \_\_\_\_\_
- 2. Accounts Receivable \_\_\_\_\_
- 3. Inventories \_\_\_\_\_
- 4. Other Assets \_\_\_\_\_
- Total Assets \_\_\_\_\_

Liabilities:

- 5. Accounts payable \_\_\_\_\_
- 6. Contributions/Gifts/grants \_\_\_\_\_
- 7. Other Liabilities \_\_\_\_\_
- Total Liabilities \_\_\_\_\_

Net income \_\_\_\_\_

**Educational:** (enclose conference brochures)

\_\_\_ Minimum of one per year

List educational programs:

Topic	Speaker(s)	Attendance #	Sponsor	Contact hours
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N

**Chapter Goals for upcoming year:** (list)

**Other:**

1. Attach a list of Chapter officers and term of office.
2. List any concerns/problems that your chapter is facing.
3. How can the National Office assist your chapter?

Signature of Chapter President: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_

Date: \_\_\_\_\_

Send to: ASPMN Executive Office  
P.O. Box 15473  
Lenexa, KS 66285-5473  
Fax: 913-895-4652

## Suggested Letter to Prospective Members for the Organizational Meeting

Dear [name of recipient],

You are cordially invited to attend a special meeting of the American Society for Pain Management Nursing (ASPMN) on [date] at [address and time].

The purpose of the meeting is to organize our own local chapter of ASPMN. It will be an interesting, worthwhile meeting and we are eager to have you join us. You will learn about the important and interesting programs and activities we have planned for our chapter and how the chapter can make a valuable contribution to the improvement of your professional knowledge and abilities in pain management.

Even if you are not currently engaged in pain management nursing, but are a professional nurse interested in pain management, we would like to have you join us. A handy reply card is enclosed so you may let us know whether you will be able to attend this meeting or future meetings of our chapter.

Sincerely,

### Reply Card for Invitation Letter

Dear \_\_\_\_\_

In reply to your invitation to attend a special meeting of the American Society for Pain Management Nursing on \_\_\_\_\_ at \_\_\_\_\_,

\_\_\_\_\_ I plan to attend.

\_\_\_\_\_ I'm sorry, I can't attend this meeting.

\_\_\_\_\_ Please advise me of future meetings.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Institutional/Organizational Affiliation: \_\_\_\_\_

# **CHECKLIST FOR CHAPTER FORMATION**

- Keep the toll-free number of ASPMN Executive Office handy:  
(888) 34-ASPMN.
- Hold a meeting of all people interested in forming an ASPMN chapter.
- Compile a membership list of at least five ASPMN members to charter the chapter.
- Appoint a chairperson/committees.
- Develop a plan for financial independence.
- Establish chapter bylaws.
- Create a mission statement, goals, and objectives for the chapter.
- Submit an application package and application fee to the address below.

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P.O. Box 15473

Lenexa, KS 66285-5473

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[aspmn@goamp.com](mailto:aspmn@goamp.com)

# American Society for Pain Management Nursing Chapter Intention Form

Proposed Name of Group: \_\_\_\_\_

Today's Date: \_\_\_\_\_

We are submitting our intentions to form a local chapter of the American Society for Pain Management Nursing (ASPMN). We understand that a liaison will be assigned to our group to help facilitate the process of becoming a chapter. We understand we will have a year to organize and submit the Petition of Charter. We further understand that until the Chapter Charter is approved, we will not be granted chapter rights.

The designated contact person for our group is:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_  
Email \_\_\_\_\_

The Active members of our group are:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_  
Email \_\_\_\_\_

❖ Additional pages may be attached as needed

Signature of contact person \_\_\_\_\_

Date \_\_\_\_\_

## American Society for Pain Management Nursing Petition To Charter Application

The following group of ASPMN members have fulfilled the qualifications for the first year of chapter development and are now petitioning the ASPMN for chapter charter. The proposed group name is:

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We are also submitting the following chapter formation forms:

- Chapter Officer List
- Chapter Member List
- Adopted Chapter By-laws
- Minutes from one meeting – to indicate the adoption of bylaws
- Proof of one educational meeting offering CEU's
- Employer Identification Number and financial statement showing a positive balance

### Chapter Point of Contact:

Official Position: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Fax Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please forward the items listed above to:

### ASPMN Executive Office

P.O. Box 15473  
Lenexa, KS 66285-5473  
☎ (913) 895-4606  
☎ (888) 34ASPMN  
☒ Fax: (913) 5895-4652  
[www.aspmn.org](http://www.aspmn.org)  
[aspmn@goamp.com](mailto:aspmn@goamp.com)

**American Society for Pain Management Nursing  
Chapter Annual Report Form  
Due July 31<sup>st</sup> of each year**

Chapter Name: \_\_\_\_\_

This report is reflective of information occurring during July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_.

**Business:**

Check those that apply:

All board and committee meeting minutes are on file

Chapter needs assessment completed (attach a copy)

Bylaws reviewed annually:  no changes  changes (attach amendments)

F. List dates of business meetings:

G. List recognition/awards given and name of recipient:

H. List last year's goals and how accomplished or work in progress to accomplish:

I. List any community service or involvement sponsored by the chapter:

J. List chapter committees:

F. List any fund-raising efforts:

**Membership:** (attach current membership list)

Check all that apply:  Membership records on file

All chapter members are members of ASPMN

Do you have a chapter newsletter  no  yes (attach a copy)

Current chapter annual dues: \$\_\_\_\_\_

List the following numbers of members:

Active members	
International members	
Student members	
Honorary members	
Lifetime members	
Corporate members	
<b>Total number of chapter members</b>	

New members this year \_\_\_\_\_  
 Chapter membership has: \_\_\_\_\_ remained the same \_\_\_\_\_ increased \_\_\_\_\_ decreased

**Financial:** (attach bank statement)

Check all that apply:

- Financial records on file  
 Annual audit of financial records

Starting balance as of July 1, \_\_\_\_\_  
 Ending balance as of June 30, \_\_\_\_\_

Assets:

1. Cash \_\_\_\_\_  
 2. Accounts Receivable \_\_\_\_\_  
 3. Inventories \_\_\_\_\_  
 4. Other Assets \_\_\_\_\_  
 Total Assets \_\_\_\_\_

Liabilities:

5. Accounts payable \_\_\_\_\_  
 6. Contributions/Gifts/grants \_\_\_\_\_  
 7. Other Liabilities \_\_\_\_\_  
 Total Liabilities \_\_\_\_\_

Net income \_\_\_\_\_

**Educational:** (enclose conference brochures)

Minimum of one per year

List educational programs:

Topic	Speaker(s)	Attendance #	Sponsor	Contact hours
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N

**Chapter Goals for upcoming year:** (list)

**Other:**

- 4. Attach a list of Chapter officers and term of office.
  
- 5. List any concerns/problems that your chapter is facing.
  
- 6. How can the National Office assist your chapter?

Signature of Chapter President: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_

Date: \_\_\_\_\_

Send to:  
 ASPMN Executive Office  
 P.O. Box 15473  
 Lenexa, KS 66285-5473  
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[aspmn@goamp.com](mailto:aspmn@goamp.com)

[Chapter Name]  
[Address]  
[City, State, & Zip]

Application for Chapter Membership

NEW  RENEWAL

**PLEASE LIST YOUR NAME, CREDENTIALS, INSTITUTION, ADDRESS, AND PHONE NUMBER. PLEASE PRINT OR TYPE; ZIP CODES AND AREA CODES ARE VERY IMPORTANT – PLEASE INCLUDE YOURS.**

1. NAME: \_\_\_\_\_  
(Include name and title as you wish them to appear)
2. CURRENT POSITION: \_\_\_\_\_
3. INSTITUTION: \_\_\_\_\_
4. PROFESSIONAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. PHONE NUMBER (Include EXT): \_\_\_\_\_
6. EMAIL ADDRESS \_\_\_\_\_
7. IF YOU WOULD LIKE YOUR MAIL SENT TO AN ADDRESS OTHER THAN THE ONE ABOVE, PLEASE LIST BELOW: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. SPECIALTY AREA (i.e., Oncology, PACU, etc.): \_\_\_\_\_
9. TYPE OF SETTING:       Academic       Private Hospital       Free Standing Clinic  
                                  Other (Specify) \_\_\_\_\_
10. IS YOUR PAIN SERVICE ( please check all applicable):       Acute       Chronic  
                                  Behavior Modification       Other (Specify) \_\_\_\_\_
11. WOULD YOU LIKE TO HELP ON A COMMITTEE?       YES       NO
12. DO YOU KNOW ANYONE INTERESTED IN BECOMING A MEMBER? (Please list name and address): \_\_\_\_\_

American Society for Pain Management Nursing

Chapter Officer/Director List

**Chapter Name** \_\_\_\_\_  
Address \_\_\_\_\_

**President**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

**President - Elect**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

**Secretary**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

**Treasurer**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

**Other Officers/Directors: (May attach a second page if needed)**

American Society for Pain Management Nursing  
Chapter Member List  
(this form may be duplicated as needed)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

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Employer \_\_\_\_\_ Position \_\_\_\_\_