



**APPLICATION TO ESTABLISH A CHAPTER
OF
ALPHA DELTA NU HONOR SOCIETY**

Name of School: _____

City & State: _____

OADN Agency Membership Number **(Required)**: _____

Year of first graduating class: _____

Do you agree to conduct the activities as delineated by OADN Alpha Delta Nu by-laws of the society?
Yes No

Have you received endorsement from the appropriate college official to establish this society?
Yes No (Endorsement Signatures required – see below)

A Faculty Advisor is required for approval.

College President or Academic Vice President	
Name & Credentials:	Signature:
<input type="checkbox"/> Dean <input type="checkbox"/> Director of Nursing (Please check appropriate title)	
Name & Credentials:	Signature:
Phone:	Email:
Honor Society Faculty Advisor 1 (required)	
Name & Credentials:	Signature:
Phone:	Email:
Honor Society Faculty Advisor 2 (optional)	
Name & Credentials:	Signature:
Phone:	Email:



Administrative Associate/Secretary for Nursing		
Name:	Email:	
Mailing address for school:		
City:	State:	Zip:

An application fee of \$100.00 will be required of each program wishing to establish an OADN Alpha Delta Nu Nursing honor society chapter. An invoice for the application fee will be sent to you on receipt of the application.

There is an annual Alpha Delta Nu Chapter report, which is the responsibility of the faculty advisor(s). Failure to do so within six months after the report is due will place the society on provisional status. No further inductions will be allowed to take place until the report has been filed with OADN.

Submit Application to:
Harriet McClung
Member Services Representative
harriet.mcclung@oadn.org

FOR ADMINISTRATIVE USE ONLY:

Date Received:
Action Taken: