



International
Transplant
Nurses
Society

ITNS Chapter Charter Loan Application

This application must be completed by authorized officer (President and/or Treasurer) of ITNS chapter under development.

Applicant Information
Name of Chapter: _____
Chapter President: _____
Address: _____
Business Phone: () _____ Fax: () _____
Home Phone: () _____ Email: _____
Chapter Treasurer: _____
Address: _____
Business Phone: () _____ Fax: () _____
Home Phone: () _____ Email: _____
Amount requested from ITNS: \$ _____ Total Budget for chartering chapter: \$ _____
Have you received other financial support to charter your chapter? Yes _____ No _____ If yes, identify sponsor and amount: _____
Briefly describe why funds are needed (financial hardship of developing chapter) Provide examples of your significant expenses – i.e. legal expenses, filing for 501(C3):

Provide documentation of your estimated chapter charter expenses (must provide detailed actual cost sheet/quotes):

ITNS Chapter Charter Loan Agreement:

In signing this form:

- I declare that all the information I have provided is true, correct and complete.
- I further declare my chapter will use loan funds for stated intended purpose(s) and will return any excess funds to ITNS.
- I will submit all chapter charter receipts related to loan funding to ITNS within sixty (60) days of receiving grant.
- I agree to repay ITNS the amount loaned to my chapter (with NO accrued interest) within 1 year (365 days) from receiving loan.

Signed: _____

Print Name: _____

Date signed: _____

Submit chapter loan application to:
Director of Chapter Development
or
ITNS
Attn: Director of Chapter Development
1739 East Carson Street
Box 351
Pittsburgh, PA 15203
412-343-ITNS (4867)
itns@msn.com

ITNS office:
Received application with itemized expense report: _____
BOD Vote: _____
Check Issued: _____
Receipts received: _____

10/26/09 mf