

## **National Student Nurses' Association, Inc.**

45 Main Street, Suite 606  
Brooklyn, New York 11201  
(718) 210-0705 FAX (718) 797-1186

### State Dues Reimbursement Checks Policy for State Board Transitions

State Convention Information Required Annually by NSNA

***Important: Please complete and return the attached Form  
immediately in the envelope provided or via FAX***

Background: After State Association conventions, when states typically elect new boards, NSNA may not receive the new rosters in a timely manner, or sometimes not at all. This presents administrative problems for NSNA, particularly in the area of mailing the monthly state dues reimbursement to the proper state officer. Since NSNA is obligated by generally accepted accounting principles and IRS rules to exercise due diligence to ensure that funds are received and deposited by the payee it was intended for, lack of the current state rosters violate our internal control procedures: there is the possibility of funds of the association being misdirected if sent to an unauthorized person. Furthermore, a prime cause of the significant amount of uncashed state dues checks is directly related to this issue.

#### **Policy**

NSNA shall hold state dues checks based on state association's convention dates until the new board of directors roster is received.\*

\*Note that state board transition dates, if different from the convention date, will be considered. If your state has a designated transition date, please indicate this on the attached form. In addition, if your state elections do not take place at the annual state convention, please indicate this on the form.

(If already sent, please disregard)

*Action taken by the 2005-06 Board of Directors at the April 3, 2006 meeting in Baltimore, Maryland.*

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**State Convention Information Form**

**Submit Annually – Return immediately following annual state elections**

Please return this form to NSNA annually by using the enclosed self addressed, stamped envelope provided or by FAX to (718) 797-1186. **Failure to do so may delay your organization from receiving state dues checks and NSNA email files in a timely manner.** If the state board has not yet determined the next convention date, indicate on this form when the decision will be made.

If you have any questions, please contact Robert Ocran, Controller: (718) 210-0705 Ext. 102 or [robert@nsna.org](mailto:robert@nsna.org). Thank you!

**Please Print all Information**

State Association Name: \_\_\_\_\_

Next Annual State Convention Date (month/day/year) \_\_\_\_\_

Location of State Convention (facility, city, and state):  
\_\_\_\_\_

Do elections take place during the Convention? Circle: Yes No

If no, when do state elections take place? \_\_\_\_\_

When does the next Board Transition take place?  
(month and year) \_\_\_\_\_

Your name \_\_\_\_\_ Title \_\_\_\_\_

Your NSNA membership number and expiration date: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

***Thank you!***