SOUTH CAROLINA NURSES ASSOCIATION

# Chapter Bylaw Adoption Form

We, the undersigned members of the Executive Committee of the

_____ Chapter of SCNA are forwarding

a copy of the Minutes of the meeting of the Executive Committee where we

adopted the SCNA Chapter Bylaws for use by the

_____ Chapter of SCNA. A copy of the

Minutes is attached to this form.

Signed: _____

Signed: _____

Signed: _____

Signed: _____

Signed: _____

Date: _____