



FILL IN ALL BLANKS

IRS 990 TAX FORM FILED: _____

ELECTION DATE: _____

INSTALLATION DATE: _____

INSTALLING OFFICERS SIGNATURE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: (____) _____

CONSTITUTION AND BY -LAWS:

APPROVED BY NATIONAL _____

DATE: _____

REVISED DATE: _____

IF NO CHANGES IN THE PAST YEAR

SIGNATURE OF SADDEST: _____

DONATIONS TO THE NATIONAL NURSES SCHOLARSHIP FUND ? YES ___ NO ___

AMOUNT _____

MAKE IN TRIPLICATE

1. SEND ORIGINAL AND ONE COPY TO YOUR STATE DEPT. SAD SACKS
2. IF YOU DO NOT HAVE A STATE DEPT., SEND TO NATIONAL SAD SACKS
3. KEEP THE THIRD FOR YOUR UNITS RECORDS.

NATIONAL DEPARTMENT OF SAD SACKS