



Organizational Affiliate Application

ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (_____) _____ Fax: (_____) _____ Website URL: _____

Name of Chief Executive Officer/Executive Director: _____

Proper Title: _____

Telephone: (_____) _____ Email: _____

Names, credentials & titles of key senior nursing professionals **(please attach a copy of organizational bylaws)**

A. _____

Credentials: _____

Title: _____

B. _____

Credentials: _____

Title: _____

C. _____

Credentials: _____

Title: _____

D. _____

Credentials: _____

Title: _____

MISSION

Please provide your organization's mission statement (You may to attach a brochure or printed copy in lieu of response)

Is your organization governed by a Board of Directors? yes no

Is your organization affiliated either directly or indirectly with any other entity? yes no

If yes, please identify the nature of the organizational affiliation briefly. _____

Is your organization a: for profit corporation not-for-profit other, please describe.

Is your organization tax exempt? yes no

Date your organization was established: ____/____/_____

BENEFITS*

1. 25% discount on exhibiting at ANA-Illinois events;
2. Member discounts on tuition at participating "educational partner" institutions;
3. One registered nurse-participant with voice but no vote in the ANA-Illinois Membership Assembly;
4. Make reports or presentations to the ANA-Illinois Membership Assembly within its area of expertise;
5. One registered nurse-participant to board approved committees/taskforces upon invitation;
6. Make reports with recommendations to the ANA-Illinois Board of Directors;
7. Link with logo on ANA-Illinois' Website with recognition of organizational affiliate status;
8. Collaboration opportunities with other state nurses associations and other nursing organizations;
9. Access to professional development opportunities for affiliate's members;
10. Access to experts in a variety of nursing specialties;
11. Access to speakers from the ANA-Illinois staff and members on a variety of nursing topics;
12. President or Executive Director added to ANA-Illinois distribution list;
13. Information about nursing issues, state, and national legislative issues, and ANA-Illinois programs and activities in an electronic mailing to the President of the Affiliate Organization approximately 6 times per year; and
14. Member rates for ANA-Illinois events to the Affiliate's members

INDICATE YOUR MEMBERSHIP CATEGORY: % of RN members? _____

<input type="checkbox"/> Less than 251	\$300
<input type="checkbox"/> 251-500	\$450
<input type="checkbox"/> 501-750	\$600
<input type="checkbox"/> 751-1000	\$750
1000 or more	Contact ANA-Illinois

ALL ORGANIZATIONAL AFFILIATES AGREE TO:

1. Notify ANA-Illinois of any officer changes
2. Add ANA-Illinois to press release and publication distribution lists
3. Notify ANA-Illinois of annual meetings

Name of Individual completing application: _____

Date application submitted: _____

If you have any questions about this application or the organizational affiliate category, please contact Susan Swart, Executive Director at 815-468-8804.

RETURN COMPLETED APPLICATION TO:

ANA-Illinois
PO Box 636
Manteno, Illinois 60950
Fax: 773-304-1419
Email: syswart@ana-illinois.org