Organizational Affiliate Application

ORGANIZATION INFORMATION

Organization Name: ____________________________________________________________
Address: _______________________________________________________________________
City: _________________________ State: _______________ Zip: ____________________________
Telephone (___)_______________ Fax: (___)_______________ Website URL: _________________

Name of Chief Executive Officer/Executive Director or contact person:
_____________________________________________________________________________________________
Proper Title: ____________________________________________________________________________
Telephone: (___)_______________ Email: ______________________________________________________

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

| A. ____________________________________________ | B. ____________________________________________ |
| Credentials: ________________________________ | Credentials: ________________________________ |
| Title: _________________________________________ | Title: _________________________________________ |

| C. ____________________________________________ | D. ____________________________________________ |
| Credentials: ________________________________ | Credentials: ________________________________ |
| Title: _________________________________________ | Title: _________________________________________ |

MISSION

Please provide your organization’s mission statement (You may 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? ____________

- Less than 251: $350  
- 251-500: $500  
- 501-750: $650  
- 751-1000: $800  
- 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