



## 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:

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Proper Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

A. \_\_\_\_\_

Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

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C. \_\_\_\_\_

Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

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B. \_\_\_\_\_

Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

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D. \_\_\_\_\_

Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

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### MISSION

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

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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. \_\_\_\_\_

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

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Is your organization tax exempt?  yes  no

Date your organization was established: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

## **BENEFITS\***

1. 50% 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 Members \_\_\_\_\_

% of RN members? \_\_\_\_\_

<input type="checkbox"/> Less than 251	\$350
<input type="checkbox"/> 251-500	\$500
<input type="checkbox"/> 501-750	\$650
<input type="checkbox"/> 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 [syswart@ana-illinois.org](mailto:syswart@ana-illinois.org) .

**RETURN COMPLETED APPLICATION TO:** ANA-Illinois  
PO Box 636  
Manteno, Illinois 60950  
Fax: 773-304-1419  
Email: [syswart@ana-illinois.org](mailto:syswart@ana-illinois.org)