



Organizational Affiliate Membership Application

ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Name of CEO/Executive Director: _____

Proper Title: _____

Telephone: (_____) _____ Email: _____

Names, credentials & titles of key senior 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: ____/____/____



Organizational Affiliate Membership Agreement

I, **[organization representative]**, on behalf of the **[organization name]** am requesting that our organization become an organizational affiliate member of the ANA-Michigan for the year of **[]**. I attest that our organization fulfills the following requirements of membership:

- A. Is an established nursing association or health-related organization whose mission and purpose are in alignment with the mission and purpose of ANA-Michigan.
- B. Has paid the annual Organizational Affiliate Membership fee of \$500.00 [invoice can be provided if requested]

I understand that the following member benefits will be provided to the **[organization representative]** by the ANA-Michigan:

- A. Access to ANA-Michigan conference room meeting space for up to 20 people
- B. Access to ANA-Michigan Legislative Action Center
- C. Member discounts on tuition at participating "educational partner" institutions
- D. One registered participate with voice but no vote in the ANA-Michigan annual membership assembly.
- E. Link to organization's website on the ANA-Michigan website with recognition to organizational affiliate status
- F. Collaboration opportunities with other state nurses' associations and other nursing organizations
- G. Access to professional development opportunities for affiant's members
- H. 50% discount on exhibitor space and membership registration rates at ANA-Michigan events
- I. Access to receive ANA-Michigan weekly e-newsletter and print publications, with the opportunity to submit articles and promote organizational affiliate communication in all ANA-Michigan publications.

[Organization]
Signature

Date

ANA-Michigan
Signature

Date

RETURN COMPLETED APPLICATION, AGREEMENT, AND FEE TO:

ANA-Michigan
2501 Jolly Road, Suite 110
Okemos, Michigan 48864
Fax: 517
Email: nurse@ana-michigan.org