



# 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](mailto:nurse@ana-michigan.org)