



# Organizational Affiliate Application

PLEASE PRINT OR TYPE.

## ORGANIZATION INFORMATION

1. Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Website URL: \_\_\_\_\_

2. Does your organization have multiple locations?  yes  no — If yes, please provide all location addresses and telephone numbers:

A. Address: \_\_\_\_\_

B. Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

C. Address: \_\_\_\_\_

D. Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

3. Name of Chief Executive Officer/Executive Director: \_\_\_\_\_

Proper title: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

4. Names, credentials & titles of key senior leadership nursing professionals: (Please attach an organizational chart to this application as well.)

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

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

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

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

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

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

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

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

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

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

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

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

## MISSION

5. Please provide your organization's mission statement (please feel free to attach a brochure or printed copy in lieu of response):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STRUCTURE

6. Is your organization governed by a Board of Directors?  yes  no
- 7a. Is your organization affiliated either directly or indirectly with any other entity?  yes  no
- 7b. If yes, please identify the nature of the organizational affiliation briefly. \_\_\_\_\_
- 
8. Is your organization a:  for profit corporation  labor union  not-for-profit  other, please describe.
- 
9. Is your organization tax exempt?  yes  no
10. Has your organization ever taken any formal or informal position regarding organized labor?  yes  no — If yes, please describe:
- 
11. Date your organization was established: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

## BENEFITS

12. Please provide a brief summary of how this affiliation will benefit your organization and support the practice of nursing:
- 
13. Which of the benefits of affiliation will you be using? (check all that apply)
- Two complimentary subscriptions to *New York Nurse* (magazine published ten times annually) and the *Journal of the New York State Nurses Association* (biannual peer-reviewed journal).
  - 15% discount on advertising in *New York Nurse*. \$180 value (1/2-page ad)
  - 25% discount on renting space in the Nurses Association's state-of-the-art conference center (see box).
  - 5% discount on exhibiting at the NYSNA Convention.
  - All RN affiliate members may register for Convention at NYSNA member rates.
  - 5% discount on continuing education provider application fee.
  - A dedicated link on the NYSNA website ([www.nysna.org](http://www.nysna.org)) with your listing as an organizational affiliate.
  - Complimentary inter-library loan/research support from the NYSNA Nursing Library and access to its extensive collection of periodicals and publications.
  - Opportunities to collaborate with other state nurses' associations and nursing organizations.
  - Access to professional development opportunities for your members and staff.
  - Access to experts on New York laws and regulations affecting nursing practice.
  - Access to Nurses Association speakers for your organization's annual meetings.
  - Preferred sponsorship opportunities at NYSNA special events and other programs.

Indicate your membership category:	No. of Members	Fee
	1-250	\$250
	251-500	\$400
	501-750	\$600
	751-1,000	\$750
	1,000 or more	Contact NYSNA

Name of person completing this application: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions about this application or the organizational affiliate category, please contact Michael D'Amario, Director of Operations and Business Development, at 518-782-9400, extension 334.

Return application to: New York State Nurses Association  
Attention: Michael D'Amario, Director of Operations and Business Development  
11 Cornell Road  
Latham, NY 12110  
Or fax to: 518-783-5207