



Application for ANA-New York Organizational Affiliates

Organization name:

Address:

Primary Organization Phone Number:

Website/Facebook

Primary Contact:

Primary Contact Phone Number:

Email:

Organization's Mission and Purpose (please attach completion mission/purpose)

Number of Members

___ \$100: 1-100 RN members

___ \$125: 101- 200 RN members

___ \$150: 201-300 RN members

Plus \$10 for each additional 100 members _____ Total dues submitted: _____

(Note: Annual renewal of \$75 is due January)

Year Incorporated:

Annual or Biennial meeting? When?

Number on Executive Board:

Number of RNs on Executive Board:

Please indicate if you can share your membership list with us. Yes No

Please attach a copy of your bylaws and a list of current board members

Please return to this form to: programassociate@anany.org