



NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS

NACNS Institutional Membership Application

To ensure the NACNS database and membership directory contain complete and accurate information, please complete and return this form to the NACNS National Office, 100 North 20th Street, 4th Floor, Philadelphia, PA 19103

GENERAL INFORMATION: Provide the contact information for your institution.

(Please print.)

_____/_____/_____

DATE

INSTITUTION _____

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(_____) _____

WORK PHONE

(_____) _____

FAX

E-MAIL

- | | |
|---|--------|
| Category: <input type="checkbox"/> Diamond (50+ NACNS memberships) | \$5750 |
| <input type="checkbox"/> Platinum (40 NACNS Memberships) | \$4600 |
| <input type="checkbox"/> Gold (30 NACNS Memberships) | \$3450 |
| <input type="checkbox"/> Silver (20 NACNS Memberships) | \$2300 |
| <input type="checkbox"/> Bronze (10 NACNS Memberships) | \$1150 |
| <input type="checkbox"/> Copper (5 NACNS Memberships) | \$ 575 |

Payment Information:

Check Enclosed (made payable to NACNS)

Credit Card (fax to 215-564-2175) American Express Master Card Visa

Card # _____ Exp. _____

All memberships also include a subscription to *Clinical Nurse Specialist* for all enrolled members; 1 *Statement on Clinical Nurse Specialist Practice and Education* with additional copies available for \$20; 50% off website job postings; 10% off exhibiting and meeting ads; and an acknowledgement in the NACNS newsletter

Membership is open to an individual who holds an active license to practice as a registered nurse ; and holds a masters degree from an accredited program that prepares clinical nurse specialists, or has a masters/doctoral degree, in a related area and is practicing as a clinical nurse specialist or is doctorally prepared and is involved in the education and development of clinical nurse specialists.

Student membership is open to an individual who holds an active license to practice as a registered nurse and provides verification of enrollment as a part-time or full-time student in an accredited program that prepares clinical nurse specialists or is clinical nurse specialist enrolled full-time in a doctoral program.

Membership dues, contributions or gifts to NACNS are not tax deductible as charitable contributions for federal income tax purposes. Dues may be deductible by members as an ordinary and necessary business expense. Consult your tax advisor for information.



Institutional Membership Application

Name of Institution _____

Please list all members and their contact information to be included with your institutional membership. Each member will receive a subscription to *Clinical Nurse Specialist* and listing in the NACNS Directory with their specific information.

MEMBER NAME _____ I am currently an NACNS member ____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(____) _____
PHONE

(____) _____
FAX

E-MAIL

MEMBER NAME _____ I am currently an NACNS member ____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(____) _____
PHONE

(____) _____
FAX

E-MAIL

MEMBER NAME _____ I am currently an NACNS member ____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(____) _____
PHONE

(____) _____
FAX

E-MAIL

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ADDRESS _____

CITY _____ STATE _____ ZIP _____

(____) _____
PHONE

(____) _____
FAX

E-MAIL



Institutional Membership Application

Name of Institution _____

MEMBER NAME _____ I am currently an NACNS member _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(____) _____
PHONE

(____) _____
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(____) _____
PHONE

(____) _____
FAX

E-MAIL