

NACNS Institutional Membership Application

To ensure the NACNS database and membership directory contain completed and accurate information, please complete and return this form to the **NACNS National Office, 11130 Sunrise Valley Drive, Suite 350, Reston, VA 20191** or info@nacns.org

General Information: Provide the contact information for your institution.

(Please print.)

_____/_____/_____

DATE

NAME OF INSTITUTION _____

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(_____) _____ - _____

WORK PHONE

E-MAIL

Category:

- ___ Diamond (50+ NACNS Memberships) \$7,633
- ___ Platinum (40 NACNS Memberships) \$6110
- ___ Gold (30 NACNS Memberships) \$4580
- ___ Silver (20 NACNS Memberships) \$3055
- ___ Bronze (10 NACNS Memberships) \$1530
- ___ Copper (5 NACNS Memberships) \$765

Payment Information:



Check Enclosed (made payable to NACNS)



Credit Card



American Express

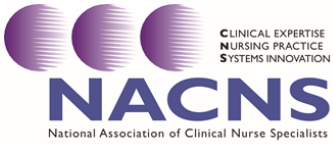


MasterCard



Visa

Card# _____ Exp. _____



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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% of 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 specialist.

Student membership is open to an individual who holds an active license to practice as a registered nurse and provides verification of enrollment as 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

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 NACNS MEMBER ID# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(____) _____ - _____
PHONE EMAIL

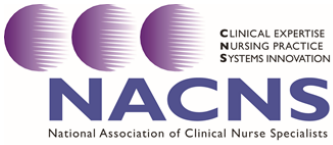
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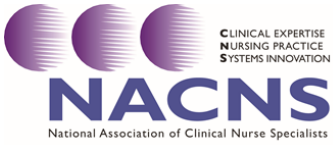
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