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

MEMBER NAME____________________________________________________

☐ I am currently an NACNS member NACNS MEMBER ID# ____________________________

ADDRESS_______________________________________________________________________________________________________

CITY_______________________________________ STATE ______________ ZIP____________________________

(____) ____________-____________ PHONE EMAIL
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PHONE

EMAIL