

## Affiliate Process

### Creating New Affiliate

#### **Procedures:**

##### A. To get started, the group leader(s) should:

1. Complete a roster of participants in the group who wish to affiliate.
2. Submit a brief description of the activities of the group for the year. Official bylaws are not required for affiliation with NACNS.
3. Complete, sign and submit the affiliate agreement to NACNS.
4. Submit the materials to the Affiliate Advisory Committee at [affiliates@nacns.org](mailto:affiliates@nacns.org).

##### B. The NACNS response will be to, within 30 working days:

1. Confirm the percentage of NACNS members within the network group.
2. Review application within the affiliate advisory committee. Committee will review application for any gaps and provide any feedback to potential affiliate.
3. Upon approval, Affiliate Advisory committee will send application to the Board of Directors for review at the next scheduled meeting.
5. Board of Directors or Affiliate Advisory committee will notify the group leader of the affiliate of the Board of Directors vote and send a copy of the affiliate agreement, signed by the NACNS President.
6. Establish procedures for regular communication between the NACNS Board and the group regarding NACNS board meetings, activities, and other initiatives.

##### C. Annually, the affiliate will:

1. Ensure that the current group leader or official designee is a member of NACNS.
2. Support NACNS by strongly encouraging attendance at the NACNS annual conferences and other activities of the organization.
3. Assist the NACNS Board of Directors or its standing committees, when requested.
4. Have at least fifty percent (50%) of the group's members as Members of NACNS.
5. Submit operational guidelines of the network, if developed, to NACNS for review.
6. Submit Affiliate Annual Report.

AGREEMENT OF AFFILIATION  
BETWEEN

---

(Affiliate name)

AND THE

NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS

---

(Date)

In furtherance of its common purpose to promote the unique contribution of the advanced practice work of clinical nurse specialists to the well-being of individuals and groups, it is hereby agreed that the above mentioned group and the National Association of Clinical Nurse Specialists subscribe to this Affiliation Agreement.

Upon affiliation, the membership in common between affiliate and NACNS shall be at least fifty percent (50%) of the affiliate. The percentage or total number of members in common shall be the responsibility of the affiliate.

It is agreed that the above-mentioned affiliate and the National Association of Clinical Nurse Specialists shall seek jointly to increase membership. However, it is agreed that either organization may accept into its membership individual CNSs who are not dual members.

It is agreed that the affiliate shall support the National Association of Clinical Nurse Specialists by strongly encouraging attendance at the NACNS annual conference and other activities of the organization.

It is agreed that the affiliate shall send a roster of its members and any changes in its operational rules or guidelines, if applicable, to the National Association of Clinical Nurse Specialists as part of the affiliation compliance procedure each year by January 31st.

The Agreement of Affiliation shall not be renewed by the National Association of Clinical Nurse Specialists (NACNS) any year unless a complete list of members is submitted by the affiliate when requested by NACNS. This list shall show that membership in common with the affiliate and the NACNS meets the required percentage as stated in this affiliation agreement.

This agreement of affiliation may be terminated by either party upon ninety days notice in writing.

Decision to become an affiliate of NACNS approved by:

---

(CNS Affiliate Group leader)

---

(Date)

NACNS Approval by Affiliate Advisory Committee :

---

(NACNS Affiliate Advisory Committee Chair) (Date)

NACNS Approval by Secretary:

---

(NACNS Secretary)

---

(Date)

NACNS Board Approval:

\_\_\_\_\_  
(NACNS President)

\_\_\_\_\_  
(Date)

\*\*\*\*\*

Preferred name of affiliate:

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Merging affiliates

**Procedures:**

1. Complete steps as above for affiliate creation.
2. Complete affiliate merge form.
3. Provide documentation from all affiliates wishing to merge into a single affiliate. Documentation must include approval by majority of each affiliate, submitted to NACNS. This can be submitted through affiliate meeting minutes. Any bylaws must be updated and submitted with application.
4. Application for merge will be reviewed by affiliate advisory committee. Affiliate advisory committee will review application and send to Board of Directors for final approval.

Affiliate Merge Agreement

AGREEMENT OF AFFILIATION MERGE  
BETWEEN

\_\_\_\_\_

(Affiliate name)

AND

\_\_\_\_\_

(Affiliate name)

AND THE

NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS

\_\_\_\_\_

(Date)

In furtherance of its common purpose to promote the unique contribution of the advanced practice work of clinical nurse specialists to the well-being of individuals and groups, it is hereby agreed that the abovementioned group and the National Association of Clinical Nurse Specialists subscribe to this Affiliation Agreement.

It is agreed that the above-mentioned affiliates are joining to form one, new affiliation. The new affiliate will abide by affiliation agreement and its requirements.

Decision to become an affiliate of NACNS approved by:

\_\_\_\_\_ (Date)

(CNS Affiliate Group 1 leader)

\_\_\_\_\_ (Date)

(CNS Affiliate Group 2 leader)

NACNS Approval by Affiliate Advisory Committee :

\_\_\_\_\_

(NACNS Affiliate Advisory Committee Chair) (Date)

NACNS Approval by Secretary:

\_\_\_\_\_  
(NACNS Secretary) (Date)

NACNS Board Approval:

\_\_\_\_\_  
(NACNS President) (Date)

\*\*\*\*\*

Preferred name of affiliate:

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_