**American Nurses Advocacy Institute (ANAI) Application**

Demographic Information

**Name:**

**Address:**

**Preferred email:**

**Preferred phone:**

**ANA / SNA Membership #:**

**Approximate years as a member:**

Provide a brief response to the following:

***1.  Why should the State Nurses Association select you to attend this program?***

***2.  What has been your involvement with the State Nurses Association (or ANA) related to advocacy in the past 1-2 years?***

***3.  If you have not been involved, or would like to be more involved, how do you envision the Institute content assisting you to enhance your advocacy activities?***

**Number of seats is limited to 24; therefore, if selected, I agree to full participation throughout the year which entails participating in a one hour conference call every other month following the face-to-face sessions in Washington, DC and engaging in a series of activities or a project, mutually agreed upon by the state nurses association.**

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**Signature of Applicant**