WVNA Organizational Affiliate Membership Application

Organizational Affiliates of the West Virginia Nurses Association must meet criteria set forth by the WVNA bylaws and be granted organizational affiliate status by the WVNA Board of Directors.

Name of Organization (*Please no acronyms*): _____
Renewal Date: _____
Address: _____
Office Phone: _____ Organization's Website: _____
Primary Contact: _____ Title of contact:_____
Primary Contact E-mail: _____
Organization's President: _____ Term of Office: _____
President's Cell: _____ President's E-mail: _____
Organization's President-Elect:_____ Term of Office: _____
President-Elect's Cellphone: _____ President-Elect's E-mail: _____
Organization's Mission Statement: _____
_____
_____
_____

Affiliate's Responsibilities- To maintain a mission and purpose harmonious with WVNA's mission and functions.
To have bylaws which do not conflict with WVNA's bylaws.
To not be a labor organization.
To pay an annual Organizational Affiliate fee established by the WVNA Board of Directors.

Affiliate's Rights- The affiliate shall be entitled to have one representative at the WVNA Membership Assembly who must be a current WVNA Member and who shall be eligible to vote on all matters in the WVNA Membership Assembly, except setting of membership dues, amendment of bylaws and election of officers and directors.
To make reports or presentations to the WVNA Membership Assembly within its area of expertise.

Additional WVNA services are available on a fee-for-service basis (e.g. lobbying services, administrative services, and website and event registration services). WVNA's acceptance of fee-for-service requests is subject to resource availability.

Payment Options- Annual fee- $500

Please check your desired payment option

☐ Annual payment by check- *Enclose check payable to the West Virginia Nurses Association in the amount of $500 along with application.*

☐ Annual additional payment of _____ for fee-for-service (lobbying, administrative services, website or event registration services).

Required Supporting Documentation

- Copy of organization's roster of current officers, including term of office and contact information
- Organizational Affiliate Membership fee (*$500 with check or use our payment link for card payments)*

_____ _____ _____
Organization Representative Signature & Title Date

Signature holds the organization's present and future elected officials accountable

Mail or email completed application to the WVNA

West Virginia Nurses Association
PO Box 1946
Charleston, WV 25327
For inquiries, call 866 986-8773 or e-mail Julie Huron at Julie@wvnurses.org