

ABNS
American Board of Nursing Specialties

Promoting Excellence in Nursing Certification
Affiliate Member Application

For office use only
Date received:

Affiliate Membership is open to not-for-profit and for-profit organizations that have an interest in the promotion of specialty Nursing certification. **Please attach a document that states the organization's mission and purpose(s).**

ALL INFORMATION PROVIDED IS SUBJECT TO PRINTING IN THE ORGANIZATIONAL DIRECTORY UNLESS OTHERWISE REQUESTED

Name of Organization

Mailing Address

City

State

Zip Code

Office Phone Number

Office Fax Number

E-mail Address

Website Address

Please list the names and contact information (where mail should be sent) for up to 2 Organizational Representatives to ABNS. The first name should be considered the primary contact.

First Representative: Name and Credentials (if different from above)

Title

Address

City

State

Zip Code

Phone Number

Fax Number

E-mail Address

Website Address

Second Representative: Name and Credentials

Title

Address

City

State

Zip Code

Phone Number

Fax Number

E-mail Address

Website Address

Yearly Membership Fee: \$2,500

Dues are prorated depending on the quarter in which an organization joins.

ABNS
610 Thornhill Lane
Aurora, OH 44202

Questions? Contact Bonnie Niebuhr, CEO
Phone: 330.995.9172 Fax: 330.995.9743
E-mail: abns@nursingcertification.org

Please return this application and check (payable to ABNS) to: