

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  
3416 Primm Lane  
Birmingham, AL 35216  
Phone: 205-795-7127  
E-mail: abns@nursingcertification.org

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