



## ORGANIZATIONAL AFFILIATE MEMBERSHIP APPLICATION

Organizations which share SDNA's interest in the improvement of health and nursing standards and in the professional development and economic and general welfare of nurses may seek recognition and participation in SDNA activities as Affiliates.

### Requirements:

- ❖ Must be a nursing or health-related organization and have a governing body comprised of a majority of registered nurses, licensed nurses, or nursing students;
- ❖ Pay an annual \$300.00 organizational affiliate fee;
- ❖ Present to SDNA a motion adopted by the governing body of the applicant organization seeking recognition as an organizational affiliate;
- ❖ Be approved by the SDNA Board of Directors for organizational affiliate status; and
- ❖ Not be a registered labor organization.
- ❖ Note: Organizational Affiliates are responsible for maintaining a mission and purpose harmonious with the purpose and functions of SDNA.

### Organizational Affiliates (OA) are entitled to:

- ❖ Name and register one member to the SDNA annual meeting with voice and vote;
- ❖ Complimentary display booth at SDNA Annual Convention;
- ❖ Submit names of representatives qualified for appointment to ad hoc groups, task forces, and other SDNA committees;
- ❖ Receive one organizational copy of SDNA communications:
  - Informational e-mails
  - Complimentary subscription to the *South Dakota Nurse*
  - Weekly legislative updates during legislative session
- ❖ Submit reports or requests to present at the SDNA Annual Meeting within area of expertise;
- ❖ Submit articles to be considered for publication in the *South Dakota Nurse*;
- ❖ Appoint one ad hoc (non-voting) member to the Government Relations Committee. This liaison must be a current SDNA member and a current member of the OA; and
- ❖ One link to the OA Website on the SDNA website.

**Name of Organization applying for Organizational Affiliate Status:** \_\_\_\_\_

\_\_\_\_\_  
**Organization Contact:** \_\_\_\_\_

\_\_\_\_\_  
**Organization Address:** \_\_\_\_\_

\_\_\_\_\_  
**Office Telephone Number:** \_\_\_\_\_

\_\_\_\_\_  
**Office E-mail address:** \_\_\_\_\_

\_\_\_\_\_  
**Office Fax:** \_\_\_\_\_

*\* Please attach a list of your organization's Board of Directors, including contact information, designating which Directors are registered nurses, licensed nurses, or nursing students. Please keep the SDNA updated on any changes to your Board of Directors, so that we may ensure communication with the appropriate individual(s).*

Brief description of reason your organization is seeking affiliation:

Signature: \_\_\_\_\_  
Organizational Affiliate President

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
SDNA President

Date: \_\_\_\_\_

**Return application to:  
South Dakota Nurses Association  
1005 South Phillips #2  
Sioux Falls, SD 57105**

Revised 8/16