

ORGANIZATIONAL AFFILIATE MEMBERSHIP APPLICATION TO THE WYOMING NURSES ASSOCIATION

ORGANIZATION NAME _____

NAME OF PRESIDENT _____

CONTACT PERSON (if someone other than president) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (h) _____ (w) _____

FAX _____ email _____

NUMBER OF MEMBERS _____ YEAR ORGANIZATION WAS CHARTERED _____

HOW FREQUENTLY DOES YOUR ORGANIZATION ELECT OFFICERS: _____

WHEN WILL YOUR NEXT ELECTION OF OFFICERS BE HELD: _____

Please enclose a copy of your bylaws, the appropriate fee made payable to the Wyoming Nurses Association and mail with this form to:

Wyoming Nurses Association
301 Thelma Drive #200
Casper, WY 82609
Phone: 1-800-795-6381
wyonurse.org
Email: tobilyon@wyonurse.org