

NGNA Institutional Membership Application

The \$1000.00 Institutional Membership entitles you to:

- **Member Discount** to order NGNA publications and products (excludes *ANA Scope and Standards for Gerontological Nursing*)
- **Electronic subscription** to the NGNA bimonthly newsletter, *Supporting Innovations in Gerontological Nursing (SIGN)* - \$95 value
- **Subscription** to NGNA's official journal, *Geriatric Nursing* - \$174 value
- **Organizational Discount** for institutional members to sit for any of the three American Nurses Credentialing Center (ANCC) gerontological nursing certification exams: Gerontological Nurse (Associate/Diploma or Baccalaureate), Gerontological Clinical Nurse Specialist, and Gerontological Nurse Practitioner - \$150 value
- **Opportunity to Nominate** employees for NGNA awards and recognition programs
- **Reduced Rate** for a representative to attend the NGNA Annual Convention at the discounted member rate - \$130
- **Full-Page Ad** (8' x 10.5") in the convention program guide - \$250 value
- **Choice** of convention sponsorship opportunities
- **Discounted Choice** of exhibitor space at the annual convention - \$100
- **Networking** through participation on the NGNA list serve
- **Participation** on NGNA Committees and Task Forces
- **Frequent Electronic Communication** regarding practice issues and resources, public policy issues, grant opportunities, and continuing education opportunities specific to gerontological nursing
- **Networking** opportunities through participation in NGNA local chapters
- **One Annual Complimentary** recruitment advertisement on the NGNA website, www.ngna.org, - \$75 value



Payment Information

Balance Due \$ _____

Our check is enclosed (made payable to NGNA).

Check Number _____

Check Will Follow

AmEx Visa MasterCard

Card Number _____

Expiration Date _____ CVV Code _____

Name on Card _____

Signature _____ Date _____

Send this form and payment to:
 NGNA National Office
 3493 Lansdowne Dr, Ste 2
 Lexington, KY 40517
 FAX: 859-271-0607

COMPANY INFORMATION

Company/Organization _____

Contact Person _____

Title _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____ Fax Number _____

E-Mail Address _____

AUTHORIZED SIGNATURE

The individual signing on behalf of the **Institutional Member** warrants that he/she is authorized to do so.

Authorized Signature _____ Date _____

Contact the NGNA National Office with any questions about Institutional Membership or completing this form.

Phone: 800-723-0560

bdoty@ngna.org