**Alliance for Nursing Informatics**

**Membership Application**

**Submission of this application affirms the organization concurs with ANI Operating Guidelines and understands the expectations of participation as an ANI member. The ANI Operating Guidelines and Strategic Goals are available at:** [**http://www.allianceni.org/about.asp**](http://www.allianceni.org/about.asp)

**Date Submitted**:

**Organization Name**:

**Organization Mailing Address**:

**Organization Website Address**:

**Brief description of organization, date established, leadership structure, criteria and requirements for membership, number and type of members, any other pertinent information related to established programs, publications and organizational structures as member benefits:**

**Leadership Team Roster**

*(Attachment of roster is permitted in lieu of filling out the information below)*

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| **Title** | **Name**  | **Term of Office** |
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**Disclosure of corporate or other type of ownership/sponsorship/support for group/organization, for example, list serve, meeting space, speaker, maintenance of membership database**:

**Contact Person’s Name**:

**Contact Person’s Telephone Number**:

**Contact Person’s E-mail Address**:

**Please submit a copy of the following documents if relevant (check those that you are enclosing).**

**[ ] Bylaws**

**[ ] Articles of Incorporation**

**[ ] Operating Guidelines**

**Return by electronic email to:**

**tkwiatkoski@himss.org**

**Contact information:**

**Alliance for Nursing Informatics**

**c/o HIMSS**

**Tammy Kwiatkoski, MBA, Sr. Director Clinical Informatics**