

Application for Request to attend the  
2018 Advocacy Institute offered by ANA

*This form is to be forwarded by the applicant via email to Nancy  
Lancaster, President, ANA-RI by May 25<sup>th</sup>, 2018.  
Address: Lncstrn@aol.com*

Name	
Address <b><i>Because this is a RI based advocacy role, you must be a RI resident.</i></b>	
E-Mail	
Phone Number	
Years Member ANA-RI or formerly RISNA and RI ANA membership Number	Membership Number:  Years Member:
Provide a summary of your experiences with advocacy for Nursing	

Briefly summarize what your professional goals are and how your attendance at this Institute will benefit ANA-RI	
Are you willing to commit 2-3 years working with the Governance Committee in an advocacy role for ANA-RI?	



