



"That the culture care needs of people in the world will be met by nurses prepared in transcultural nursing." Madeleine Leininger

Transcultural Nursing Society

PETITION TO BECOME A REGIONAL LIAISON OR COOPERATIVE ALLIANCE

REGIONAL LIAISON INFORMATION

Application for: INDIVIDUAL or ORGANIZATION

Organization Name:

Region to be Served:

Name:

Date:

Home Address:

City:

State:

Zip Code:

Country:

Email Address:

Credentials:

TCNS Member # :

Organization website:

COOPERATIVE ALLIANCE INFORMATION

Geographic borders of region to be served – City, State, Country:

Will Cooperative Alliance be associated with an Organization: YES NO

If yes, please list organization contact information:

City:

State: Zip

Code:

Country:

Cooperative Alliance Primary Contact Phone:

Cooperative Alliance Primary Contact E-mail:

Organization website:

For Cooperative Alliance Applicants: Please describe below the nature of the cooperative alliance and expectations.
For Regional Liaison Applicants: Please describe experience with TCN and how you will share this information if contacted.

(Please attach separate sheet if more room is needed)

Additional Information

Signature of Applicant:

Are you a TCNS Member:
YES NO

Date:

TCNS OFFICE USE ONLY

Application to BOT: YES NO

Date:

Approved

Declined

TCNS Members: YES NO

ALL DOCUMENTATION INCLUDED: YES NO

PLEASE RETURN TO: TRANSCULTURAL NURSING SOCIETY
MADONNA UNIVERSITY
36600 SCHOOLCRAFT ROAD
LIVONIA, MICHIGAN 48150-1176

OR

EMAIL TO: STAFF@TCNS.ORG