



2019 NEW MEMBERSHIP APPLICATION

Estella A. Lazenby, Membership Services Manager
8630 Fenton Street, Suite 910, Silver Spring, MD 20910; (301) 589-3200

NEW MEMBER

RENEWING

LIFETIME MEMBER (year paid)

Chapter Name: _____

Please go to NBNA's website at www.nbna.org, Membership tab, using the drop down box, locate the Chapter Directory to locate the chapter in your area and their contact information. To complete a membership application on line **CLICK** here or print a hard copy, complete the information and mail with payment to the above address.

Please type or write legibly, this information must be readable.

Name:		Nursing Credentials:	
Address:		City:	State: Zip:
Phone:	Cell:	E-Mail:	
Nursing License #:		State:	
If student, print name of nursing school:		Recruited by:	

Member Profile: Please circle the appropriate response for the categories listed below:

<p>EXPERIENCE IN NURSING</p> <ol style="list-style-type: none"> Less than 2 years 2 - 5 year 6 - 10 years 11 - 15 years 16 - 20 years More than 20 years <p>PRIMARY WORK SETTING</p> <ol style="list-style-type: none"> Private Non-Profit Hospital Public/Federal Hospital Private, Investor-Owned Hospital School/College of Nursing Independent/Private Practice Military Industry Home Health Agency Behavioral Care Company/HMO Community Agency Research Nursing Home 	<p>PRIMARY ROLE</p> <ol style="list-style-type: none"> Administrator/Director/VP of Nursing Nurse Manager, Assistant Nurse Manager Nursing Supervisor Advanced Practice Nurse Researcher Consultant Educator Case Manager RN LPN/LVN Staff <p>HIGHEST DEGREE HELD</p> <ol style="list-style-type: none"> Associate Degree Diploma Baccalaureate in Nursing Other Baccalaureate Masters in Nursing Other Masters Doctorate in Nursing Other Doctorate <p>NURSING EMPLOYMENT</p> <table border="0"> <tr> <td>1. Full-time</td> <td>3. Unemployed</td> </tr> <tr> <td>2. Part-time</td> <td>4. Retired</td> </tr> </table>	1. Full-time	3. Unemployed	2. Part-time	4. Retired	<p>NURSE PROFILE</p> <ol style="list-style-type: none"> ANA Certified Generalist (RN, C) Specialist (RN, CS) Prescriptive Authority <p>LEVEL OF CARE PROVIDED</p> <ol style="list-style-type: none"> In-patient Out-patient Ambulatory Public Health Department Nursing Home Residential Rehabilitative <p>AGE RANGE</p> <table border="0"> <tr> <td>1. 20-24</td> <td>6. 45-49</td> </tr> <tr> <td>2. 25-29</td> <td>7. 50-54</td> </tr> <tr> <td>3. 30-34</td> <td>8. 55-59</td> </tr> <tr> <td>4. 35-39</td> <td>9. 60-64</td> </tr> <tr> <td>5. 40-44</td> <td>10. 65 PLUS</td> </tr> </table>	1. 20-24	6. 45-49	2. 25-29	7. 50-54	3. 30-34	8. 55-59	4. 35-39	9. 60-64	5. 40-44	10. 65 PLUS	<p>SEX</p> <ol style="list-style-type: none"> Female Male <p>PROF. ORGANIZATION MEMBERSHIPS</p> <ol style="list-style-type: none"> American Nurses Assoc. American Association of Critical Care Nurses National League of Nursing Chi Eta Phi American Public Health Association American Academy of Nursing Other: <p>ANNUAL SALARY</p> <ol style="list-style-type: none"> UNDER \$20,000 \$20,000 - \$29,999 \$30,000 - \$39,999 \$40,000 - \$49,999 \$50,000 - \$59,999 \$60,000 - \$69,999 \$70,000 - \$79,999 \$80,000 plus
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Nursing Specialty, i.e., ER, OR, Oncology: _____

NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.

Lifetime National Dues \$2,000.00 or 4 installments of \$500.00 before May 18 th	National Dues RN \$225.00	National Dues LPN/LVN \$175.00	National Dues RETIRED \$112.50	1 st YEAR GRAD \$150.00	National Dues *STUDENT (unlicensed SN) \$50.00	National \$
Local LT dues to chapter after initial LT payment \$	National Dues RN \$	National Dues LPN/LVN \$	National Dues RETIRED \$	1 st YEAR GRAD Local Dues \$	*STUDENT (unlicensed) Local Dues \$	Local \$

Method of Payment:	TOTAL AMOUNT ENCLOSED	\$
[] Check	[] Money Order	[] VISA [] MasterCard

Account #:	Exp. Date:	Sec. Code:
Signature: _____		

THANK YOU FOR YOUR INTEREST IN NBNA AND BECOMING A MEMBER WITH ONE OF OUR 100 CHAPTERS!!!