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| **nbna** | **2017 NEW MEMBERSHIP APPLICATION** | |
| **Estella A. Lazenby, Membership Services Manager**  **8630 Fenton Street, Suite 330, Silver Spring, MD 20910; (301) 589-3200**  **Name of Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **NEW MEMBER ❑**  **RENEWING ❑**  **LIFETIME MEMBER ❑ \_\_\_\_\_\_\_ (year paid)** |
| **Please go to NBNA's website at** [**www.nbna.org**](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**](http://www.nbna.org/assoc_subscribe.asp) **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*.***

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

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| ***Member Profile: Please circle the appropriate response for the categories listed below:*** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **EXPERIENCE IN NURSING** | | **PRIMARY ROLE** | | | | | **NURSE PROFILE** | | | **SEX** | | |
| **1. Less than 2 years** | | **1. Administrator/Director/** | | | | | **1. ANA Certified** | | | **1. Female 2. Male** | | |
| **2. 2 - 5 year** | | **VP of Nursing** | | | | | **2. Generalist (RN, C)** | | |  | | |
| **3. 6 - 10 years** | | **2. Nurse Manager,** | | | | | **3. Specialist (RN, CS)** | | | **PROF. ORGANIZATION** | | |
| **4. 11 - 15 years** | | **Assistant Nurse Manager** | | | | | **4. Prescriptive Authority** | | | **MEMBERSHIPS** | | |
| **5. 16 - 20 years** | | **3. Nursing Supervisor** | | | | |  | | | **1. American Nurses Assoc.** | | |
| **6. More than 20 years** | | **4. Advanced Practice Nurse** | | | | | **LEVEL OF CARE PROVIDED** | | | **2. American Association** | | |
| **PRIMARY WORK SETTING** | | **5. Researcher** | | | | | **1. In-patient** | | | **of Critical Care Nurses** | | |
| **1. Private Non-Profit Hospital** | | **6. Consultant** | | | | | **2. Out-patient Ambulatory** | | | **3. National League of Nursing** | | |
| **2. Public/Federal Hospital**  **3. Private, Investor-Owned** | | **7. Educator**  **8. Case Manager** | | | | | **3. Public Health Department**  **4. Nursing Home** | | | **4. Chi Eta Phi**  **5. American Public Health** | | |
| **Hospital** | | **9. RN** | | | | | **5. Residential** | | | **Association** | | |
| **4. School/College of Nursing** | | **10 LPN/LVN** | | | | | **6. Rehabilitative** | | | **6. American Academy of** | | |
| **5. Independent/Private Practice** | | **11. Staff** | | | | |  | | | **Nursing** | | |
| **6. Military**  **7. Industry** | | **HIGHEST DEGREE HELD** | | | | | ***NOTE: Your responses to the following remain*** | | | **7. Other:** | | |
| **8. Home Health Agency**  **9. Behavioral Care Company/HMO** | | **1. Associate Degree**  **2. Diploma** | | | | | ***confidential and will only be used in the aggregate for*** | | |
| **10. Community Agency**  **11. Research** | | **3. Baccalaureate in Nursing**  **4. Other Baccalaureate** | | | | | ***membership profiles.*** | | | **ANNUAL SALARY** | | | |
| **1. UNDER $20,000** | | | |
| **12. Nursing Home** | | **5. Masters in Nursing**  **6. Other Masters** | | | | | **AGE RANGE** | | | **2. $20,000 - $29,000** | | | |
| **1. 20-24 6. 45-49** | | | **3. $30,000 - $39,999** | | | |
| **Nursing Specialty*, i.e.,* ER, OR,** | | **7. Doctorate in Nursing** | | | | | **2. 25-29 7. 50-54** | | | **4. $40,000 - $49,999** | | | |
| **Oncology:** | | **8. Other Doctorate** | | | | | **3. 30-34 8. 55-59** | | | **5. $50,000 - $59,999** | | | |
|  | | **NURSING EMPLOYMENT** | | | | | **4. 35-39 9. 60-64** | | | **6. $60,000 - $69,999** | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **1. Full-time 3. Unemployed** | | | | | **5. 40-44 10. 65 PLUS** | | | **7. $70,000 - $79,999** | | | |
|  | | **2. Part-time 4. Retired** | | | | |  | | | **8. $80,000 plus** | | | |
| **Lifetime**  **National Dues**  **$2,000.00** | **National Dues**  **RN/LPN/LVN $225.00** | | **National Dues**  **RETIRED $112.50** | **National Dues**  **1st YEAR GRAD $150.00** | | | | **National Dues**  **\*STUDENT(unlicensed SN) $65.00** | | | **National Dues** | **$** | |
| **Lifetime**  **Local Dues**  **$** | **RN/LPN/LVN Local Dues**  **$** | | **RETIRED**  **Local Dues**  **$** | **1st YEAR GRAD Local Dues**  **$** | | | | **\*Associate Membership**  **$40.00** | | | **Local Dues** | **$** | |
| ***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 OF ONE OF YOUR 94 CHAPTERS !!!***