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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:** |

|  |
| --- |
| ***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 !!!***