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|  | **2023 NEW/RENEWAL MEMBERSHIP APPLICATION**  ***Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | |
| ***Birmingham Black Nurses Association, Inc.(11)******Patricia Curry , President*** P.O. Box 13856 Birmingham, AL  35202 Email:[info@birminghambna.org](mailto:info@birminghambna.org); Telephone: 205-585-3447    **❑ New ❑ Renewing ❑ Year you became a Lifetime Member \_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Please type or *write legibly,* submit your application directly to your chapter or complete your membership application online. Go to** [**www.nbna.org**](http://www.nbna.org) **create your username, password and complete your online profile, pay the amount due and click submit.**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **❑X RN ❑ LPN/LVN ❑ Retired member ❑ 1st Year Grad ❑ Student**  **Address:** | | |
| **City/State/Zip Code:** | | |
| **Phone:** | | **E-Mail:** |
| **Nursing License #:** | | **State:** |
| **Work Affiliation:** | | |
| **Recruited by:** | | |

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| **EXPERIENCE IN NURSING** | **PRIMARY WORK SETTING** | **PRIMARY ROLE** | **HIGHEST DEGREE HELD** | ***NOTE: Your responses for age*** |
| 1. Less than 2 years | 1. Private Non-Profit Hospital | 1. Adm/Dir./VP of Nursing | 1. Associate Degree | ***and salary will remain confidential.*** |
| 2. 2 - 5 year | 2. Public/Federal Hospital | 2. Nurse Manager | 2. Baccalaureate in Nursing | **AGE RANGE** |
| 3. 6 - 10 years | 3. Private, Investor-Owned | 3. Assistant Nurse Manager | 3. Another Baccalaureate | 1. 20-24 6. 45-49 |
| 4. 11 - 15 years | Hospital | 4. Adv Practice Nurse | 4. Master’s in Nursing | 2. 25-29 7. 50-54 |
| 5. 16 - 20 years | 4. School/College of Nursing | 5. Researcher | 5. Another Master’s | 3. 30-34 8. 55.59 |
| 6. More than 20 years | 5. Independent/Private Practice | 6. Consultant | 6. Doctorate in Nursing | 4. 35-39 9. 60-64 |
| **LEVEL OF CARE PROVIDED** | 6. Military | 7. Educator | Other: | 5. 40-44 10. 65 plus |
| 1. In-patient | 7. Industry | 8. Case Manager | **PROFESSIONAL ORGANIZATION** | **ANNUAL SALARY** |
| 1. Out-patient Ambulatory | 8. Home Health Agency | 9. RN | **MEMBERSHIP** | 1. UNDER $20,000 |
| 1. Public Health Department | 9. Behavioral Care Company/HMO | 10. LPN/LVN | 1. American Nurses Association | 2. $20,000 - $29,999 |
| 1. Nursing Home | 10. Community Agency | 11. Professor | 2. American Association of Critical | 3. $30,000 - $39,999 |
| 1. Residential | 11. Research | 12. Associate Professor | Care Nurses | 4. $40,000 - $49,999 |
| 1. Rehabilitative | 12. Nursing Home | 13. Assistant Professor | 3. National League for Nursing | 5. $50,000 - $59,999 |
| **NURSE PROFILE** | ***Nursing Specialty, i.e., ER, OR*** | 14. Staff | 4. Chi Eta Phi | 6. $60,000 - $69,999 |
| 1. ANA Certified |  | **SEX** | 5. American Public Health Association | 7. $70,000 - $79,999 |
| 2. Generalist (RN, C) | **NURSING EMPLOYMENT** | 1. Female | 6. American Academy of Nursing | 8. $80,000 - PLUS |
| 3. Specialist (RN, CS) | 1. Full-time 3. Retired | 1. Male | 1. Other: |  |
| 4. Prescriptive Authority | 2. Part-time 4. Unemployed |  |  |  |

***Dues Structure: NATIONAL and LOCAL DUES both Must be Paid in FULL to be a Member in Good Standing***

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| **National Dues**  **RN - $160.00** | | **National Dues**  **LPN/LVN - $125.00** | | **National Dues**  **Retired - $100.00** | | **National Dues**  **1st Year Grad - $150.00** | | **National Dues Student**  **(unlicensed SN $35.00)** | **National amount**  **$** | |
| **Local Dues**  **RN - $25.00** | | **Local Dues**  **LPN/LVN - $25.00** | | **Local Dues**  **Retired - $25.00** | | **Local Dues**  **1st Year Grad - $25.00** | | **Local Dues Student**  **unlicensed SN $15.00** | **Local amount**  **$** | |
| **Become a NEW Lifetime Member - 4 installments of $500.00 within a one-year period plus $25.00 for Local Dues.** | | | | | | | | | **Lifetime amount**  **$** | |
|  | | | | | | | | ***TOTAL AMOUNT DUE*** | **$** | |
| ***METHOD OF PAYMENT: is the credit card associated with the address listed above, if NO type or write the address below*** | | | | | | | | | | |
| **❑ Check** | **❑ Money Order** | | **❑ VISA** | | **❑ Master Card** | | | **Expiration Date: \_\_\_\_/\_\_\_\_\_** | | **Sec. Code:** \_\_\_\_\_\_ |
| **Account #:** | | | | | | | **Signature:** | | | |
| **Address for credit card:** | | | | | | | | | | |
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***THANK YOU FOR YOUR INTEREST IN NBNA***