



2023 NEW/RENEWAL MEMBERSHIP APPLICATION

Date of Application: _____

NATIONAL BLACK NURSES ASSOCIATION, INC.

Birmingham Black Nurses Association, Inc.(11)

Patricia Curry, President

P.O. Box 13856

Birmingham, AL 35202

Email: info@birminghambna.org; Phone: 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 create your username, password and complete your online profile, pay the amount due and click submit.

Name: _____ Credentials: _____

RN LPN/LVN Retired member 1st Year Grad Student

Address: _____

City/State/Zip Code: _____

Phone: _____

E-Mail: _____

Nursing License #: _____

State: _____

Work Affiliation: _____

Recruited by: _____

| EXPERIENCE IN NURSING | PRIMARY WORK SETTING | PRIMARY ROLE | HIGHEST DEGREE HELD | NOTE: Your responses for age and salary will remain confidential. | |
|-------------------------------|--|----------------------------|---|---|-------------|
| 1. Less than 2 years | 1. Private Non-Profit Hospital | 1. Adm/Dir./VP of Nursing | 1. Associate Degree | AGE RANGE | |
| 2. 2 - 5 year | 2. Public/Federal Hospital | 2. Nurse Manager | 2. Baccalaureate in Nursing | 1. 20-24 | 6. 45-49 |
| 3. 6 - 10 years | 3. Private, Investor-Owned Hospital | 3. Assistant Nurse Manager | 3. Another Baccalaureate | 2. 25-29 | 7. 50-54 |
| 4. 11 - 15 years | 4. School/College of Nursing | 4. Adv Practice Nurse | 4. Master's in Nursing | 3. 30-34 | 8. 55-59 |
| 5. 16 - 20 years | 5. Independent/Private Practice | 5. Researcher | 5. Another Master's | 4. 35-39 | 9. 60-64 |
| 6. More than 20 years | 6. Military | 6. Consultant | 6. Doctorate in Nursing | 5. 40-44 | 10. 65 plus |
| LEVEL OF CARE PROVIDED | 7. Industry | 7. Educator | Other: | ANNUAL SALARY | |
| 1. In-patient | 8. Home Health Agency | 8. Case Manager | PROFESSIONAL ORGANIZATION MEMBERSHIP | 1. UNDER \$20,000 | |
| 2. Out-patient Ambulatory | 9. Behavioral Care Company/HMO | 9. RN | 1. American Nurses Association | 2. \$20,000 - \$29,999 | |
| 3. Public Health Department | 10. Community Agency | 10. LPN/LVN | 2. American Association of Critical Care Nurses | 3. \$30,000 - \$39,999 | |
| 4. Nursing Home | 11. Research | 11. Professor | 3. National League for Nursing | 4. \$40,000 - \$49,999 | |
| 5. Residential | 12. Nursing Home | 12. Associate Professor | 4. Chi Eta Phi | 5. \$50,000 - \$59,999 | |
| 6. Rehabilitative | Nursing Specialty, i.e., ER, OR | 13. Assistant Professor | 5. American Public Health Association | 6. \$60,000 - \$69,999 | |
| NURSE PROFILE | | 14. Staff | 6. American Academy of Nursing | 7. \$70,000 - \$79,999 | |
| 1. ANA Certified | NURSING EMPLOYMENT | SEX | 7. Other: | 8. \$80,000 - PLUS | |
| 2. Generalist (RN, C) | 1. Full-time | 1. Female | | | |
| 3. Specialist (RN, CS) | 3. Retired | 2. Male | | | |
| 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

| National Dues RN - \$160.00 | National Dues LPN/LVN - \$125.00 | National Dues Retired - \$100.00 | National Dues 1 st 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 1 st 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. All Lifetime Members pay RN local dues of \$25.00 annually | | | | | 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

| | | | | | |
|------------|--------------------------------------|-------------------------------|--------------------------------------|---------------------------------|------------------|
| Account #: | <input type="checkbox"/> Money Order | <input type="checkbox"/> VISA | <input type="checkbox"/> Master Card | Expiration Date: ____/____/____ | Sec. Code: _____ |
|------------|--------------------------------------|-------------------------------|--------------------------------------|---------------------------------|------------------|

| | |
|--------------------------|------------|
| Address for credit card: | Signature: |
|--------------------------|------------|

THANK YOU FOR YOUR INTEREST IN NBNA