



NEW/RENEWAL BBNA MEMBERSHIP APPLICATION

Date of Application _____

Date of Birth: _____

Birmingham Black Nurses Association, Inc. (11)
 P.O. Box 13856
 Birmingham, AL 35202
 Telephone: 205-746-4855

Website: www.Birminghambna.org Email: info@birminghambna.org

New
 Renewing
 Year you became a Lifetime Member _____

You can complete the paper application, or **send to info@birminghambna.org to join**. If you go to www.nbna.org, go to the Membership tab, there is a dropdown list, locate the Chapter Directory for the chapter you would like to be active with and review their pay structure. Complete an online application by creating your username, password and following the directions, 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	
3. 6 - 10 years	3. Private, Investor-Owned Hospital	3. Assistant Nurse Manager	3. Another Baccalaureate	1. 20-24 6. 45-49
4. 11 - 15 years	4. School/College of Nursing	4. Adv Practice Nurse	4. Master's in Nursing	2. 25-29 7. 50-54
5. 16 - 20 years	5. Independent/Private Practice	5. Researcher	5. Another Master's	3. 30-34 8. 55-59
6. More than 20 years	6. Military	6. Consultant	6. Clinical Doctorate	4. 35-39 9. 60-64
LEVEL OF CARE PROVIDED	7. Industry	7. Nurse Educator	7. Research Doctorate	5. 40-44 10. 65 plus
1. In-patient	8. Home Health Agency	8. Case Manager	PROFESSIONAL ORGANIZATION	ANNUAL SALARY
2. Out-patient Ambulatory	9. Behavioral Care Company/HMO	9. Entrepreneur	MEMBERSHIP	1. Less than \$30,000
3. Public Health Department	10. Community Agency	10. CRNA	1. American Nurses Association	2. \$30,000 - \$49,000
4. Nursing Home	11. Research	11. Professor	2. American Association of Critical Care Nurses	3. \$50,000 - \$69,999
5. Residential	12. Nursing Home	12. Associate Professor	3. National League for Nursing	4. \$70,000 - \$89,999
6. Rehabilitative	Nursing Specialty, i.e., ER, OR	13. Assistant Professor	4. Chi Eta Phi	5. \$90,000 - \$109,999
NURSE PROFILE		14. Staff Nurse	5. American Public Health Association	6. \$110,000 - \$129,999
1. ANA Certified	NURSING EMPLOYMENT	GENDER	6. American Academy of Nursing	7. \$130,000 - \$149,999
2. Generalist (RN, C)	1. Full-time 3. Retired	1. Female	7. American Association of Nurse Practitioners	8. \$150,000 - \$169,999
3. Specialist (RN, CS)	2. Part-time 4. Unemployed	2. Male	8. Other	9. \$170,000 - \$189,999
4. Prescriptive Authority		3. Non-Binary		10. \$190,000 - \$199,999
		4. Other		11. \$200,000 - plus

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 1st Year Grad RN - \$150.00 1st Year Grad LPN/LVN - \$115.00	National Dues Student (unlicensed SN \$35.00)	National amount \$
Local Dues RN - \$50.00	Local Dues LPN/LVN - \$50.00	Local Dues Retired - \$25.00	Local Dues 1st Year Grad RN/LPN/LVN - \$50.00	Local Dues Student unlicensed SN \$15.00	Local amount \$
Become a NEW Lifetime Member \$3000.00 - 4 installments of \$750.00 within a one-year period plus \$50.00 for Local Dues. Or \$250 per month over 12 months plus \$50.00 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: _____

THANK YOU FOR YOUR INTEREST IN NBNA and BBNA