

National Black Nurses Association, Inc.
8630 Fenton Street, # 330
Silver Spring, MD 20910
Website:www.nbna.org Phone: 301-589-3200/800-575-6298 Fax: 301-589-3223

MEMBERSHIP APPLICATION

Name: _____ Credentials: _____

Recruited By: _____

Address: _____ City _____ State _____ Zip: _____

Phone: () _____ FAX:() _____ E-Mail _____

Nursing License Number: _____ State: _____

If Student, Indicate Nursing

School: _____

Dues: Please make all payments to the NBNA Chapter. Total payment of Chapter and National Dues must be paid. If there is a problem contacting the Chapter, please notify the National Office: 301-589-3200/800-575-6298; membership@nbna.org. Visit NBNA's website for a chapter listing: www.nbna.org

MEMBERSHIP CATEGORIES - CHECK ONE

LIFETIME \$2,000__ RN/LPN/LVN \$150 __ STUDENT \$35__ 1ST YEAR GRAD \$75__ RETIRED \$75__

Master Card/Visa Account Number: _____

Exp. Date: _____ Signature: _____

How did you hear about NBNA? _____

Member Profile: Please Circle
The Appropriate Response For
The Categories Listed Below:
For NBNA use only.

- PRIMARY ROLE**
1. Administrator/Director/or VP of Nursing
 2. Head Nurse, Manager, or Assistant Head Nurse
 3. Staff Nurse
 4. Advanced Practice Nurse
 5. Researcher
 6. Consultant
 7. Educator
 8. Case Manager

- NURSE PROFILE**
1. ANA Certified
 2. Generalist (RN, C)
 3. ANA Certified
 4. Specialist (RN, CS)
 5. Prescriptive Authority

- AGE RANGE**
- | | |
|----------|-------------|
| 1. 20-24 | 7. 50-54 |
| 2. 25-29 | 8. 55-59 |
| 3. 30-34 | 9. 60-64 |
| 4. 35-39 | 10. 65 Plus |
| 5. 40-44 | |
| 6. 45-49 | |

- EXPERIENCE IN NURSING**
1. Less than 2 years
 2. 2 -5 years
 3. 6-10 years
 4. 11-15 years
 5. 15-10 years
 6. More than 20 years

- LEVEL OF CARE PROVIDED**
1. In-patient
 2. Out-patient Ambulatory
 3. Public Health Department
 4. Nursing Home
 5. Residential
 6. Rehabilitative

SEX

1. Female 2. Male

- PRIMARY WORK SETTING**
1. Private Non-Profit Hospital
 2. Public/Federal Hospital
 3. Private, Investor-Owned Hospital
 4. School/College of Nursing
 5. Independent/Private Practice
 6. Military
 7. Industry
 8. Home Health Agency
 9. Behavioral Care Company/HMO
 10. Community Agency
 11. Academe
 12. Research
 13. Nursing Home

- HIGHEST DEGREE HELD**
1. Diploma
 2. Associate Degree
 3. Baccalaureate in Nursing
 4. Baccalaureate or Other
 5. Masters in Nursing
 6. Masters in Other
 7. Doctorate in Nursing
 8. Doctorate in Other

NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.

- PROFESSIONAL ORGANIZATION MEMBERSHIPS**
1. American Nurses Association
 2. American Association of Critical Care Nurses
 3. National League of Nursing
 4. Chi Eta Phi
 5. American Public Health Association
 6. Other: _____

- NURSING EMPLOYMENT**
1. Full-time
 2. Part-time
 3. Unemployed
 4. Retired

- ANNUAL SALARY**
1. Under \$20,000
 2. \$20,000-\$29,999
 3. \$30,000-\$39,999
 4. \$40,000-\$49,999
 5. \$50,000-\$59,999
 6. \$60,000-\$69,000
 7. \$70,000-\$79,999
 8. \$80,000 plus

Specialty: OR, Emergency, Med-Surg, etc. _____

National: \$ _____
 Chapter \$ _____
 Total \$ _____

Thank you for joining NBNA!

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