



2018 NEW MEMBERSHIP APPLICATION

Estella A. Lazenby, Membership Services Manager
8630 Fenton Street, Suite 910, Silver Spring, MD 20910; (301) 589-3200

NEW MEMBER

RENEWING

LIFETIME MEMBER _____ (year paid)

Chapter Name: _____

Please go to NBNA's website at 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** 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.

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

1. Less than 2 years
2. 2 - 5 year
3. 6 - 10 years
4. 11 - 15 years
5. 16 - 20 years
6. More than 20 years

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. Research
12. Nursing Home

Nursing Specialty, i.e., ER, OR, Oncology: _____

PRIMARY ROLE

1. Administrator/Director/VP of Nursing
2. Nurse Manager, Assistant Nurse Manager
3. Nursing Supervisor
4. Advanced Practice Nurse
5. Researcher
6. Consultant
7. Educator
8. Case Manager
9. RN
10. LPN/LVN
11. Staff

HIGHEST DEGREE HELD

1. Associate Degree
2. Diploma
3. Baccalaureate in Nursing
4. Other Baccalaureate
5. Masters in Nursing
6. Other Masters
7. Doctorate in Nursing
8. Other Doctorate

NURSING EMPLOYMENT

1. Full-time
2. Part-time
3. Unemployed
4. Retired

NURSE PROFILE

1. ANA Certified
2. Generalist (RN, C)
3. Specialist (RN, CS)
4. Prescriptive Authority

LEVEL OF CARE PROVIDED

1. In-patient
2. Out-patient Ambulatory
3. Public Health Department
4. Nursing Home
5. Residential
6. Rehabilitative

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

AGE RANGE

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

SEX

1. Female
2. Male

PROF. ORGANIZATION MEMBERSHIPS

1. American Nurses Assoc.
2. American Association of Critical Care Nurses
3. National League of Nursing
4. Chi Eta Phi
5. American Public Health Association
6. American Academy of Nursing
7. Other: _____

ANNUAL SALARY

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

Lifetime National Dues \$2,000.00 or 4 installments of \$500.00 before May 18 th	National Dues RN \$225.00	National Dues LPN/LVN \$175.00	National Dues RETIRED \$112.50	National Dues 1 st YEAR GRAD \$150.00	National Dues *STUDENT (unlicensed SN) \$50.00	National \$
Local LT dues to chapter after initial LT payment \$	Local Dues RN \$	Local Dues LPN/LVN \$	Local Dues RETIRED \$	1 st YEAR GRAD Local Dues \$	*STUDENT (unlicensed) Local Dues \$	Local \$

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 WITH ONE OF OUR 100 CHAPTERS!!!