



**National Black Nurses
Association, Inc.**

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Silver Spring, MD 20910
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Attn: Estella A. Lazenby

Membership Services Manager
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INVOICE

**2019 CHAPTER ANNUAL
DUES AND LIABILITY
INSURANCE PAYMENT**

DUE: MARCH 15, 2019

Chapter President: _____

Chapter Name: _____

| ASSOCIATION FEE FOR YOUR CHAPTER | |
|--|-----------------|
| 2019 Chapter Dues to NBNA | \$250.00 |
| 2019 Liability Insurance | \$115.00 |
| <u>TOTAL AMOUNT DUE BY MARCH 15, 2019 TO NBNA</u> | \$365.00 |

Method of Payment:

| | | | |
|---|---|--------------------------|--|
| <input type="checkbox"/> Check or Money Order | <input type="checkbox"/> VISA <input type="checkbox"/> Master Card | Amount Enclosed \$ _____ | |
| Credit Card #: | Exp. Date: | Sec Code: | |
| Signature: _____ | | | |