



# 2019 MEMBERSHIP APPLICATION

**Chapter:** \_\_\_\_\_  
**Estella A. Lazenby, Membership Services Manager**  
 8630 Fenton Street, Suite 910, Attn: Estella A. Lazenby  
 Silver Spring, MD 20910

**NEW MEMBER**   
**RENEWING**   
**LIFETIME MEMBER**  \_\_\_\_\_ (year paid)

To complete an online membership, go to NBNA's website at [www.nbna.org](http://www.nbna.org), at the Membership tab, there is a dropdown box locate the Chapter Directory to review the information for each chapter before joining. You will have to create your username and password to complete the Membership Application on line.

Please type or write legibly, this information must be readable.

**Name:** \_\_\_\_\_ **Nursing Credentials:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
**Nursing License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Students MUST forward directly to the chapter a letter on their school stationary, signed by the Nursing Administrative official stating you are currently enrolled, and you do not have an LPN/LVN or RN License.**

Recruited by: \_\_\_\_\_

**Member Profile: Please circle the appropriate response for the categories listed below:**

<p><b>EXPERIENCE IN NURSING</b></p> <ol style="list-style-type: none"> <li>Less than 2 years</li> <li>2 - 5 year</li> <li>6 - 10 years</li> <li>11 - 15 years</li> <li>16 - 20 years</li> <li>More than 20 years</li> </ol> <p><b>PRIMARY WORK SETTING</b></p> <ol style="list-style-type: none"> <li>Private Non-Profit Hospital</li> <li>Public/Federal Hospital</li> <li>Private, Investor-Owned Hospital</li> <li>School/College of Nursing</li> <li>Independent/Private Practice</li> <li>Military</li> <li>Industry</li> <li>Home Health Agency</li> <li>Behavioral Care Company/HMO</li> <li>Community Agency</li> <li>Research</li> <li>Nursing Home</li> </ol> <p>Nursing Specialty, <i>i.e.</i>, ER, OR, Oncology:    _____</p>	<p><b>PRIMARY ROLE</b></p> <ol style="list-style-type: none"> <li>Administrator/Director/VP of Nursing</li> <li>Nurse Manager, Assistant Nurse Manager</li> <li>Nursing Supervisor</li> <li>Advanced Practice Nurse</li> <li>Researcher</li> <li>Consultant</li> <li>Educator</li> <li>Case Manager</li> <li>RN</li> <li>LPN/LVN</li> <li>Staff</li> </ol> <p><b>HIGHEST DEGREE HELD</b></p> <ol style="list-style-type: none"> <li>Associate Degree</li> <li>Diploma</li> <li>Baccalaureate in Nursing</li> <li>Other Baccalaureate</li> <li>Master's in nursing</li> <li>Other Masters</li> <li>Doctorate in Nursing</li> <li>Other Doctorate</li> </ol> <p><b>NURSING EMPLOYMENT</b></p> <ol style="list-style-type: none"> <li>Full-time</li> <li>Part-time</li> <li>Unemployed</li> <li>Retired</li> </ol>	<p><b>NURSE PROFILE</b></p> <ol style="list-style-type: none"> <li>ANA Certified</li> <li>Generalist (RN, C)</li> <li>Specialist (RN, CS)</li> <li>Prescriptive Authority</li> </ol> <p><b>LEVEL OF CARE PROVIDED</b></p> <ol style="list-style-type: none"> <li>In-patient</li> <li>Out-patient Ambulatory</li> <li>Public Health Department</li> <li>Nursing Home</li> <li>Residential</li> <li>Rehabilitative</li> </ol> <p><b>AGE RANGE</b></p> <table border="0"> <tr> <td>1. 20-24</td> <td>6. 45-49</td> </tr> <tr> <td>2. 25-29</td> <td>7. 50-54</td> </tr> <tr> <td>3. 30-34</td> <td>8. 55-59</td> </tr> <tr> <td>4. 35-39</td> <td>9. 60-64</td> </tr> <tr> <td>5. 40-44</td> <td>10. 65 PLUS</td> </tr> </table> <p><i>NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.</i></p>	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	<p><b>SEX</b></p> <ol style="list-style-type: none"> <li>Female</li> <li>Male</li> </ol> <p><b>PROF. ORGANIZATION MEMBERSHIPS</b></p> <ol style="list-style-type: none"> <li>American Nurses Assoc.</li> <li>American Association of Critical Care Nurses</li> <li>National League of Nursing</li> <li>Chi Eta Phi</li> <li>American Public Health Association</li> <li>American Academy of Nursing</li> <li>Other: _____</li> </ol> <p><b>ANNUAL SALARY</b></p> <ol style="list-style-type: none"> <li>UNDER \$20,000</li> <li>\$20,000 - \$29,000</li> <li>\$30,000 - \$39,999</li> <li>\$40,000 - \$49,999</li> <li>\$50,000 - \$59,999</li> <li>\$60,000 - \$69,999</li> <li>\$70,000 - \$79,999</li> <li>\$80,000 plus</li> </ol>
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Lifetime National Dues \$2,000.00 plus local dues or 4 installments of \$500.00 before May 18 <sup>th</sup>	National Dues RN \$225.00	National Dues LPN/LVN and Associate Member \$175.00	National Dues RETIRED \$112.50	1 <sup>st</sup> YEAR GRAD \$150.00	National Dues *STUDENT (unlicensed SN) \$50.00	National \$
Local LT dues to chapter after initial LT payment \$00.00 Each year	Local Dues RN \$00.00	Local Dues LPN/LVN and Associate Member \$00.00	Local Dues RETIRED \$00.00	1 <sup>st</sup> YEAR GRAD Local Dues \$00.00	*STUDENT (unlicensed) Local Dues \$00.00	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**