



2019 LIFETIME MEMBERSHIP APPLICATION

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

Chapter Name: _____

To complete membership online, go to NBNA's website at www.nbna.org, Membership tab, using the drop down box, locate the Membership Application, complete the information. The line for Chapter you are joining – select the **CHAPTER YOU ARE JOINING** and on the line – Who were you recruited by? **Type in the person's name**

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 Administration official stating you are currently enrolled and that you do not have an LPN/LVN or RN License.

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

Full Lifetime dues is \$2,000.00 plus Local dues for the chapter you are affiliated with.

Payment of 4 installments of \$500.00 before May 15th.

1st installment \$500.00 2nd installment \$500.00

3rd installment \$500.00 4th installment \$500.00

With your first installment include your Local dues fee for the appropriate chapter

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 LIFETIME MEMBER WITH ONE OF OUR 114 CHAPTERS!!!**