### Legends and instructions to use on How to complete each column for the Chapter Membership Roster

The list below will help you in completing your Excel Membership Roster spreadsheet.

Please double check the name, address, city, state, email address and telephone number for each member. The roster is used to create Membership ID Cards, voting list to the outside organization, journal mailings and constant contact information that is forward to the membership body.

**Please use the following legends on the EXCEL Membership Roster**

#### MALE OR FEMALE COLUMN
Type in M or F for this column

#### CATEGORY COLUMN
- **SN** – Student Nurse
- **LPN** – Licensed Practical Nurse
- **LVN** – Licensed Vocational Nurse
- **RN** – Registered Nurse
- **AM** – Associate Member

#### TYPE COLUMN
- **FYG** – First Year Graduate
- **REG/LT21** – Lifetime (only if paid in full), Otherwise, they are recorded as REG members until fully paid
- **REG** – Regular (RN/LVN/LPN/1st Yr. Grad)
- **RT** – Retired
- **RT/LT10** – Retired Lifetime Member
- **STU** – Student (Unlicensed Provider)

#### LOCAL AMOUNT PAID COLUMN
Type in the amount paid – if local dues is not paid directly to the chapter or to National, DO NOT place the member on the Membership Roster until both dues are received.

#### NATIONAL AMOUNT PAID COLUMN
Type in the amount received from each member
- $35.00 – SN (a letter from the school should also be on file with the chapter)
- $100.00 – Retired
- $150.00 – 1st Year Grad
- $125.00 – LPN/LVN and Associate Member
- $160.00 – RN

#### NEW OR RENEW MEMBER COLUMN
Type N or New for New
R or Ren for Renewal

#### NEW MEMBER RECRUITED BY:
To be included in the Membership Campaign this column should be filled-in with the first and last name of the person who recruited the member.

#### SPECIALTY COLUMN
- **AC** – Ambulatory Care
- **ANP** – Advanced Nurse Practitioner
- **BO** – Business Owner
- **CV** – Cardiovascular
- **CM** – Case Manager
- **CNS** – Clinical Nurse Specialist
- **CON** – Consultant
- **EDU** – Education
- **ER** – Emergency Medicine
- **FAC** – Faculty
- **FS** – Forensics
- **GER** – Geriatrics
- **HD** – Hemodialysis
- **HH** – Home Health
- **IC** – Infection Control
- **IF** – Informatics
- **ICU** – Intensive Care Units
- **ML** – Management/Leadership
- **MS** – Medical/Surgical
- **MH** – Mental Health
- **MW** – Midwife
- **NEU** – Neurology
- **NA** – Nursing Administration
- **OBW** – Obstetrics/Women Services
- **ONC** – Oncology
- **OR** – Operating Room
- **ORT** – Orthopedics
- **PC** – Palliative Care
- **PU** – Post Anesthesia Care Unit
- **PED** – Pediatrics
- **PH** – Public Health
- **QC** – Quality Control
- **REH** – Rehabilitation
- **RM** – Risk Management
- **RS** – Research
- **SUP** – Supervisor
- **TP** – Transplantation

#### DATE SUBMITTED TO NATIONAL
Place the date that the roster is submitted to National.