



# 2023 NEW/RENEWAL MEMBERSHIP APPLICATION

Date of application \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Chapter you are joining:** \_\_\_\_\_

**Estella A. Lazenby, Membership Services Manager**

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Silver Spring, MD 20910

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New                     
  Renewing                     
  Year you became a Lifetime Member: \_\_\_\_\_

You can complete the paper application or go to [www.nbna.org](http://www.nbna.org), under the Membership tab, there is a dropdown list, locate the Chapter Directory for the chapter you would like to be activity with and review their pay structure. Complete an online application by creating your username, password and following the directions, pay the amount due and click submit.

**Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

RN                     
  LPN/LVN                     
  Retired member                     
  1<sup>st</sup> Year Grad                     
  Student

**Address:**

**City/State/Zip Code:**

**Phone:**

**E-Mail:**

**Nursing License #:**

**State:**

**Work Affiliation:**

**Recruited by:**

EXPERIENCE IN NURSING	PRIMARY WORK SETTING	PRIMARY ROLE	HIGHEST DEGREE HELD	NOTE: Your responses for age and salary will remain confidential.
1. Less than 2 years	1. Private Non-Profit Hospital	1. Adm/Dir./VP of Nursing	1. Associate Degree	<b>AGE RANGE</b>
2. 2 - 5 year	2. Public/Federal Hospital	2. Nurse Manager	2. Baccalaureate in Nursing	
3. 6 - 10 years	3. Private, Investor-Owned Hospital	3. Assistant Nurse Manager	3. Another Baccalaureate	
4. 11 - 15 years	4. School/College of Nursing	4. Adv Practice Nurse	4. Master's in Nursing	
5. 16 - 20 years	5. Independent/Private Practice	5. Researcher	5. Another Master's	
6. More than 20 years	6. Military	6. Consultant	6. Doctorate in Nursing	
<b>LEVEL OF CARE PROVIDED</b>	7. Industry	7. Educator	Other:	<b>ANNUAL SALARY</b>
1. In-patient	8. Home Health Agency	8. Case Manager	<b>PROFESSIONAL ORGANIZATION MEMBERSHIP</b>	1. UNDER \$20,000
2. Out-patient Ambulatory	9. Behavioral Care Company/HMO	9. RN	1. American Nurses Association	2. \$20,000 - \$29,999
3. Public Health Department	10. Community Agency	10. LPN/LVN	2. American Association of Critical Care Nurses	3. \$30,000 - \$39,999
4. Nursing Home	11. Research	11. Professor	3. National League for Nursing	4. \$40,000 - \$49,999
5. Residential	12. Nursing Home	12. Associate Professor	4. Chi Eta Phi	5. \$50,000 - \$59,999
6. Rehabilitative		13. Assistant Professor	5. American Public Health Association	6. \$60,000 - \$69,999
<b>NURSE PROFILE</b>	<b>Nursing Specialty, i.e., ER, OR</b>	14. Staff	6. American Academy of Nursing	7. \$70,000 - \$79,999
1. ANA Certified		<b>GENDER</b>	7. Other:	8. \$80,000 - PLUS
2. Generalist (RN, C)		1. Female		
3. Specialist (RN, CS)	1. Full-time	2. Male		
4. Prescriptive Authority	2. Part-time	3. Non-Binary		
	3. Retired			
	4. Unemployed			

**Dues Structure: NATIONAL and LOCAL DUES both Must be Paid in FULL to be a Member in Good Standing**

National Dues RN - \$160.00	National Dues LPN/LVN - \$125.00	National Dues Retired - \$100.00	National Dues 1 <sup>st</sup> Year Grad - \$150.00	National Dues Student (Unlicensed SN \$35.00)	National amount \$
Become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period					Lifetime amount \$
<b>TOTAL AMOUNT DUE</b>					\$

**METHOD OF PAYMENT:** is the credit card associated with the address listed above, if NO type or write the address below

Check                     
  Money Order                     
  VISA                     
  Master Card                     
 Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                     
 Sec. Code: \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address:**

THANK YOU FOR YOUR INTEREST IN NBNA