

2024 NBNA MEMBERSHIP HONOR PLEDGE

As a member of the	
	(full name of NBNA Chapter)
l,	promise
to remain a member of the	e in good standing with my chapter, or
as a Direct Member, to the	e National Black Nurses Association
over the next two years.	
Signature of Applicant: _	
Email:	
Date:	

National Black Nurses Association 8630 Fenton Steet, Suite 910 Silver Spring, MD 20910 www.nbna.org