



NATIONAL BLACK NURSES ASSOCIATION, INC.

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Membership Services Manager  
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INVOICE

**2021 CHAPTER ANNUAL  
DUES AND LIABILITY INSURANCE  
PAYMENT**

**DUE: MARCH 15, 2021**

**Chapter President:** \_\_\_\_\_

**Chapter Name:** \_\_\_\_\_

ASSOCIATION FEE FOR YOUR CHAPTER	
2021 Chapter Dues to NBNA	\$250.00
2021 Liability Insurance	\$115.00
<b><u>TOTAL AMOUNT DUE BY MARCH 15, 2021 TO NBNA</u></b>	<b>\$365.00</b>

**Method of Payment:**

<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> VISA <input type="checkbox"/> Master Card	Amount Enclosed \$ _____
<b>If paying by credit card include the following information:</b>		
Full Name showing on cc:		
Address associated with cc:		
City/State/Zip:		
Credit Card #:	Exp. Date:	Sec Code:
Signature:		