



# 2024 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:**

**Recruited by:**

**Work Affiliation:**

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	1. 20-24      6. 45-49
4. 11 - 15 years	4. School/College of Nursing	4. Adv Practice Nurse	4. Master's in Nursing	2. 25-29      7. 50-54
5. 16 - 20 years	5. Independent/Private Practice	5. Researcher	5. Another Master's	3. 30-34      8. 55-59
6. More than 20 years	6. Military	6. Consultant	6. Clinical Doctorate	4. 35-39      9. 60-64
<b>LEVEL OF CARE PROVIDED</b>	7. Industry	7. Nurse Educator	7. Research Doctorate	5. 40-44      10. 65 plus
1. In-patient	8. Home Health Agency	8. Case Manager	<b>PROFESSIONAL ORGANIZATION</b>	<b>ANNUAL SALARY</b>
2. Out-patient Ambulatory	9. Behavioral Care Company/HMO	9. Entrepreneur	<b>MEMBERSHIP</b>	1. Less than \$30,000
3. Public Health Department	10. Community Agency	10. CRNA	1. American Nurses Association	2. \$30,000 - \$49,000
4. Nursing Home	11. Research	11. Professor	2. American Association of Critical Care Nurses	3. \$50,000 - \$69,999
5. Residential	12. Nursing Home	12. Associate Professor	3. National League for Nursing	4. \$70,000 - \$89,999
6. Rehabilitative	13. Staff Nurse	13. Assistant Professor	4. Chi Eta Phi	5. \$90,000 - \$109,999
<b>NURSE PROFILE</b>	<b>Nursing Specialty, i.e., ER, OR</b>	<b>GENDER</b>	5. American Public Health Association	6. \$110,000 - \$129,999
1. ANA Certified		1. Female	6. American Academy of Nursing	7. \$130,000 - \$149,999
2. Generalist (RN, C)	<b>NURSING EMPLOYMENT</b>	2. Male	7. American Association of Nurse Practitioners	8. \$150,000 - \$169,999
3. Specialist (RN, CS)	1. Full-time      3. Retired	3. Non-Binary	8. Other	9. \$170,000 - \$189,999
4. Prescriptive Authority	2. Part-time      4. Unemployed	4. Other		10. \$190,000 - \$199,999
				11. \$200,000 - plus

**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 RN - \$150.00 1 <sup>st</sup> Year Grad LPN/LVN - \$115.00	National Dues Student (Unlicensed SN \$35.00)	National amount \$
Become a NEW Lifetime Member - 6 installments of \$515.00 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