



2024 LIFETIME MEMBERSHIP APPLICATION

Date of application: _____

MAIL TO: Estella A. Lazenby, Membership Services Manager
8630 Fenton Street, Suite 910, Silver Spring, MD 20910, Email: elazenby@nbna.org

Fill in Chapter Name: _____

Please type or write legibly, this information must be readable.

Name: _____

Nursing Credentials: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell: _____

E-Mail: _____

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	AGE RANGE
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. Clinical Doctorate	
	7. Industry	7. Nurse Educator	7. Research Doctorate	1. 20-24 6. 45-49
	8. Home Health Agency	8. Case Manager		2. 25-29 7. 50-54
	9. Behavioral Care Company/HMO	9. Entrepreneur		3. 30-34 8. 55-59
	10. Community Agency	10. CRNA		4. 35-39 9. 60-64
	11. Research	11. Professor		5. 40-44 10. 65 plus
	12. Nursing Home	12. Associate Professor		
	13. Assistant Professor	13. Staff Nurse		
	14. Unemployed	14. Staff Nurse		
	4. Other			

NOTE: There is a 3% service charge if paying by credit card

Lifetime dues is \$3,000.00 plus \$90.00 for service charge.

You can also pay in 6 installments of \$515.00 plus local dues with the first installment. You have one year to pay from your starting date. Final installment is required May 15th of each year if you would like your name to be printed in the conference program book.

1st payment \$515.00 Month _____/Date _____	2nd payment \$515.00 – Month _____/Date _____
3rd payment \$515.00 Month _____/Date _____	4th payment \$515.00 – Month _____/Date _____
5th payment \$515.00 Month _____/Date _____	6th payment \$515.00 – Month _____/Date _____

Method of Payment:	TOTAL AMOUNT ENCLOSED	\$
<input type="checkbox"/> Check / Money Order - make check/MO payable to NBNA	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard

Account #:	Exp. Date:	Sec. Code:
Signature: _____		

NOTE: you can call Estella to setup your future payments at (301) 589-3200
THANK YOU FOR YOUR INTEREST IN NBNA AND STARTING THE PROCESS OF BECOMING A LIFETIME MEMBER WITH YOUR CHAPTERS!!!