



NEW / RENEWAL MEMBERSHIP DUES APPLICATION

Chicago Chapter National Black Nurses Association
PO Box 4612
Chicago, IL 60680

CCNBA Member -- In order for your membership to be in good standing with National and your local chapter and to be included as a voting member, you must mail your dues directly to your local chapter by January 1 annually

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

Name:		Nursing Credentials:		
Address		City:	State:	Zip:
Phone:	Cell:	E-Mail:		
Nursing License #:		State:		
If Student, indicate nursing school		Referred By:		

Update Member Profile: Please circle the appropriate response for the categories listed below:

EXPERIENCE IN NURSING	PRIMARY ROLE	NURSE PROFILE	SEX
1. Less than 2 years	1. Administrator/Director/	1. ANA Certified	1. Female 2. Male
2. 2 - 5 year	VP of Nursing	2. Generalist (RN, C)	
3. 6 - 10 years	2. Nurse Manager,	3. Specialist (RN, CS)	PROF. ORGANIZATION
4. 11 - 15 years	Assistant Nurse Manager	4. Prescriptive Authority	MEMBERSHIPS
5. 16 - 20 years	3. Nursing Supervisor		1. American Nurses Assoc.
6. More than 20 years	4. Advanced Practice Nurse	LEVEL OF CARE PROVIDED	2. American Association
PRIMARY WORK SETTING	5. Researcher	1. In-patient	of Critical Care Nurses
1. Private Non-Profit Hospital	6. Consultant	2. Out-patient Ambulatory	3. National League of Nursing
2. Public/Federal Hospital	7. Educator	3. Public Health Department	4. Chi Eta Phi
3. Private, Investor-Owned	8. Case Manager	4. Nursing Home	5. American Public Health
Hospital	9. RN	5. Residential	Association
4. School/College of Nursing	10. LPN/LVN	6. Rehabilitative	6. American Academy of
5. Independent/Private Practice	11. Staff		Nursing
6. Military	HIGHEST DEGREE HELD	<i>NOTE: Your responses to</i>	7. Other:
7. Industry	1. Associate Degree	<i>the following remain</i>	
8. Home Health Agency	2. Diploma	<i>confidential and will only</i>	
9. Behavioral Care Company/HMO	3. Baccalaureate in Nursing	<i>be used in the aggregate</i>	ANNUAL SALARY
10. Community Agency	4. Other Baccalaureate	<i>for membership profiles.</i>	1. UNDER \$20,000
11. Academe	5. Masters in Nursing		2. \$20,000 - \$29,000
12. Research	6. Other Masters	AGE RANGE	3. \$30,000 - \$39,999
13. Nursing Home	7. Doctorate in Nursing	1. 20-24 6. 45-49	4. \$40,000 - \$49,999
	8. Other Doctorate	2. 25-29 7. 50-54	5. \$50,000 - \$59,999
	NURSING EMPLOYMENT	3. 30-34 8. 55-59	6. \$60,000 - \$69,999
Nursing Specialty, i.e., ER, OR,	1. Full-time 3. Unemploye	4. 35-39 9. 60-64	7. \$70,000 - \$79, 999
Oncology:	2. Part-time 4. Retired	5. 40-44 10. 65 PLUS	8. \$80,000 plus

Lifetime National Dues \$2,300.00	Dues RN/LPN/LVN \$300.00	Dues RETIRED \$200.00	Dues 1 st YEAR GRAD \$200.00	Dues STUDENT (unlicensed) \$75.00
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Method of Payment	TOTAL AMOUNT ENCLOSED \$			
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	

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

THANK YOU FOR RENEWING YOUR MEMBERSHIP!!