

## **2020 MEMBERSHIP APPLICATION**

NBNA 20 x 20 Campaign

## Chicago Chapter National Black Nurses Association (9)

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Each member must complete a separate membership application and submit both with payment at the same time.

Please type or <u>write legibly</u> , this information must be readable.															
I am a: □ RN □ LPN □ Retired member □ 1 <sup>st</sup> Year Grad □ Student□ Lifetime: Year joined:															
Name										□ Renewing □ New					
I am a: □ RN □ LPN □ Retired member □ 1st Year Grad □ Student															
Name											□ New □ Reclaimed				
APPLICANT'S INFORMATION: Nursing Credentials:															
WORK AFFILIA			· ·												
WORK ALTIEIA	<u> </u>														
Address:							ity:		State				Zip:		
Address.						nty.		Otati			<u>z.  p.   </u>				
Phone:				Cell:				E-Mail:							
riione.				Ceii.				L-IVIAII.							
Nursing License	o #:					State	.								
Nursing License #:															
EXPERIENCE IN NURSING			PRIMARY WORL				1					IOTE: Your responses for age and salary will remain confidential.			
Less than 2 years     2. 2 - 5 year			ivate Non-Profit H iblic/Federal Hosp		1. Adm/Dir./VP 2. Nurse Manag			Associate Degree     Baccalaureate in Nursing				alary will remain confidential.  RANGE			
3. 6 - 10 years			ivate, Investor-Ow		3. Assistant Nu			Another Bacca			1. 20-24 6. 45-49			<u> </u>	
4. 11 - 15 years		Hospital		ilou	4. Adv Practice N		4. Master's in N					5-297. 50			
5. 16 - 20 years		School/College of Nurs		ursing	5. Researcher			5. Another Master's			3. 30		8. 5	5.59	
6. More than 20 years			dependent/Private					6. Doctorate in Nursing			4. 3	5-39	9. 60		
LEVEL OF CAREPROVIDED		6. Mi	litary		7. Educator		Oth		ther:		5. 40	)-44	10. 6	5 plus	
1. In-patient			dustry		8. Case Manage				ONAL ORGANIZ	ATION		AL SALA			
Out-patient Ambulatory			ome Health Agenc		9. RN				MEMBERSHIP		1. UNDER \$20,000				
Public Health Department		9. Behavioral Care Compan						American Nurses Association		2. \$20,000 - \$29,999					
4. Nursing Home		10. Community Agency			11. Professor			American Association of Criti		l	3. \$30,000 - \$39,999				
5. Residential		11. Research 12. Nursing Home			12. Associate Professor 13. Assistant Professor		_	Care Nurses			4.\$40,000 - \$49,999				
6. Rehabilitative  NURSE PROFILE			iursing Home sing Specialty, i.e	ED OD				National League for Nursing     Chi Eta Phi			5. \$50,000 - \$59,999 6. \$60,000 - \$69,999				
1. ANA Certified		IVUIS	ing Specially, i.e	., EN, UN	SEX			5. American Public Health Association		ation	7. \$70,000 - \$79,999				
2. Generalist (RN, C)		NURSING EMPLOY		LOYMENT			_	American Academy of Nursing		ation		100 - PLUS			
3. Specialist (RN, CS)		1. Full-time 3. Retir						7. Other:			o. 400,		-		
1 ' '		2. Pa	rt-time 4. U	nemployed	loyed										
Du	es Struc	ture	NATIONAL	and LOC	CAL DUES bo	th Must	be Pa	aid in FUL	L to be a Me	mber	in God	d Sta	nding		
Regular National			Regular National		ular National	Regula	r Natio	onal	Regular Nat	ional		Reg.	National	amount	
Dues RN		Dues LPN/LVN		_	s Retired	Dues 1			Dues Student		\$				
\$225.00		\$175.00		\$100	.00	\$150.00	)		(unlicensed SN \$50		.00)				
USE THE COLUMNS BELOW ONLY IF YOU ARE RECRUITING A NEW OR RECLAIMED MEMBER															
National Dues		National Dues		Natio	National Dues		National Dues		National Dues Stude		ent National amount		unt		
RN - \$160.00		LPN/LVN - \$125.0						l - \$150.00							
Local Dues		Local Dues			Local Dues		ues		Local Dues Student				t		
RN - \$75.00		LPN/LVN - \$75.00		) Retii	Retired - \$50.00		1st Year Grad - \$75.00		unlicensed SN \$10.00		00	\$			
Lifetime Level Dure	- 6400 00		ar become a NEW Lifetime Member. A just-liments of \$500.00ithin a succession								Lifetime amount				
Lifetime Local Dues \$100.00			or become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year												
METHOD OF PAYMENT:									TOTAL AMO	OUNT D	IJΕ	\$			
D Chook	D Mass	v Order D VIC					□ OF PAYMER  ■ Master Car		Expiration Date:		,	٠.	00 004		
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Account #:															
Signature:															