



2022 NEW/RENEWAL MEMBERSHIP APPLICATION

Date of Application _____

NATIONAL BLACK NURSES ASSOCIATION, INC.

Black Nurses Association of Greater Washington DC Area (4)

Dr. Pier Broadnax, President

P.O. Box 55285

Washington, DC 20040

Email: contactus@bnaofgwadca.org; Telephone: 202-291-8866

New Renewing Year you became a Lifetime Member _____

Please type or *write legibly*, submit your application directly to your chapter or complete your membership application online. Go to www.nbna.org create your username, password and complete your online profile, pay the amount due and click submit.

Name: _____ Credentials: _____

RN LPN/LVN Retired member 1st Year Grad Student

Address: _____

City/State/Zip Code: _____

Phone: _____ E-Mail: _____

Nursing License #: _____ State: _____

Work Affiliation: _____

Recruited by: _____

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	
2. 2 - 5 year	2. Public/Federal Hospital	2. Nurse Manager	2. Baccalaureate in Nursing	AGE RANGE
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. Doctorate in Nursing	4. 35-39 9. 60-64
LEVEL OF CARE PROVIDED	7. Industry	7. Educator	Other:	5. 40-44 10. 65 plus
1. In-patient	8. Home Health Agency	8. Case Manager	PROFESSIONAL ORGANIZATION MEMBERSHIP	ANNUAL SALARY
2. Out-patient Ambulatory	9. Behavioral Care Company/HMO	9. RN	1. American Nurses Association	1. UNDER \$20,000
3. Public Health Department	10. Community Agency	10. LPN/LVN	2. American Association of Critical Care Nurses	2. \$20,000 - \$29,999
4. Nursing Home	11. Research	11. Professor	3. National League for Nursing	3. \$30,000 - \$39,999
5. Residential	12. Nursing Home	12. Associate Professor	4. Chi Eta Phi	4. \$40,000 - \$49,999
6. Rehabilitative	13. Staff	13. Assistant Professor	5. American Public Health Association	5. \$50,000 - \$59,999
NURSE PROFILE	Nursing Specialty, i.e., ER, OR	SEX	6. American Academy of Nursing	6. \$60,000 - \$69,999
1. ANA Certified		1. Female	7. Other:	7. \$70,000 - \$79,999
2. Generalist (RN, C)	NURSING EMPLOYMENT	2. Male		8. \$80,000 - PLUS
3. Specialist (RN, CS)	1. Full-time 3. Retired			
4. Prescriptive Authority	2. Part-time 4. Unemployed			

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 st Year Grad - \$150.00	National Dues Student (unlicensed SN \$35.00)	National amount \$
Local Dues RN - \$50.00	Local Dues LPN/LVN - \$50.00	Local Dues Retired - \$20.00	Local Dues 1 st Year Grad - \$25.00	Local Dues Student unlicensed SN \$10.00	Local amount \$
Become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period plus Local Dues: \$50.00 for Regular Members, \$20.00 for Retired Members.					Lifetime amount \$
					TOTAL AMOUNT DUE \$

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