



NATIONAL BLACK NURSES ASSOCIATION 2016 MEMBERSHIP APPLICATION

Greater East Texas Black Nurses Association (34)

Pauline Barnes, President
PO Box 7378
Tyler, Texas 75711
Ph: (903) 539-8967; E-Mail: getbna34@gmail.com

NEW MEMBER

RENEWING

LIFETIME MEMBER _____ (year paid)

Please type or *print 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			
Recruited by:		Release my contact information to the membership: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Member Profile: Circle the appropriate response for the categories listed below:

<p>EXPERIENCE IN NURSING</p> <ol style="list-style-type: none"> 1. Less than 2 years 2. 2 - 5 year 3. 6 - 10 years 4. 11 - 15 years 5. 16 - 20 years 6. More than 20 years 	<p>PRIMARY ROLE</p> <ol style="list-style-type: none"> 1. Administrator/Director/VP of Nursing 2. Nurse Manager, Assistant Nurse Manager 3. Nursing Supervisor 4. Advanced Practice Nurse 5. Researcher 6. Educator 7. Case Manager 8. RN 9. LPN/LVN 10. Staff 	<p>NURSE PROFILE</p> <ol style="list-style-type: none"> 1. ANA Certified 2. Generalist (RN, C) 3. Specialist (RN, CS) 4. Prescriptive Authority <p>LEVEL OF CARE PROVIDED</p> <ol style="list-style-type: none"> 1. In-patient 2. Out-patient Ambulatory 3. Public Health Department 4. Nursing Home 5. Residential 6. Rehabilitative 	<p>SEX</p> <ol style="list-style-type: none"> 1. Female 2. Male <p>PROF. ORGANIZATION MEMBERSHIPS</p> <ol style="list-style-type: none"> 1. American Nurses Assoc. 2. American Association of Critical Care Nurses 3. National League of Nursing 4. Chi Eta Phi 5. American Public Health Association 6. American Academy of Nursing 7. Other: 										
<p>PRIMARY WORK SETTING</p> <ol style="list-style-type: none"> 1. Private Non-Profit Hospital 2. Public/Federal Hospital 3. Private, Investor-Owned Hospital 4. School/College of Nursing 5. Independent/Private Practice 6. Military 7. Industry 8. Home Health Agency 9. Behavioral Care Company/HMO 10. Community Agency 11. Research 12. Nursing Home 	<p>HIGHEST DEGREE HELD</p> <ol style="list-style-type: none"> 1. Associate Degree 2. Diploma 3. Baccalaureate in Nursing 4. Other Baccalaureate 5. Masters in Nursing 6. Other Masters 7. Doctorate in Nursing 8. Other Doctorate 	<p>AGE RANGE</p> <table border="0" style="width: 100%;"> <tr> <td>1. 20-24</td> <td>6. 45-49</td> </tr> <tr> <td>2. 25-29</td> <td>7. 50-54</td> </tr> <tr> <td>3. 30-34</td> <td>8. 55-59</td> </tr> <tr> <td>4. 35-39</td> <td>9. 60-64</td> </tr> <tr> <td>5. 40-44</td> <td>10. 65 PLUS</td> </tr> </table>	1. 20-24	6. 45-49	2. 25-29	7. 50-54	3. 30-34	8. 55-59	4. 35-39	9. 60-64	5. 40-44	10. 65 PLUS	<p>ANNUAL SALARY</p> <ol style="list-style-type: none"> 1. UNDER \$20,000 2. \$20,000 - \$29,000 3. \$30,000 - \$39,999 4. \$40,000 - \$49,999 5. \$50,000 - \$59,999 6. \$60,000 - \$69,999 7. \$70,000 - \$79,999 8. \$80,000 plus
1. 20-24	6. 45-49												
2. 25-29	7. 50-54												
3. 30-34	8. 55-59												
4. 35-39	9. 60-64												
5. 40-44	10. 65 PLUS												

NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.

National Dues Lifetime \$2,000.00	National Dues RN/LPN/LVN \$225.00	National Dues RETIRED \$112.50	National Dues 1 st YEAR GRAD \$150.00	National Dues *STUDENT (unlicensed SN) \$65.00	National Dues	\$
Local Dues Lifetime \$50.00	Local Dues RN/LPN/LVN \$50.00	Local Dues RETIRED \$50.00	Local Dues 1 st YEAR GRAD \$50.00	Local Dues *STUDENT (unlicensed SN) \$00.00	Chapter Dues	\$

TOTAL AMOUNT ENCLOSED \$

Method of Payment:

[] Check [] Money Order [] VISA [] MasterCard

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

Signature: _____

THANK YOU FOR JOINING!!!