

011100



2024 NEW/RENEWAL MEMBERSHIP APPLICATION

Date of application _____

Date of Birth _____

Greater East Texas BNA

Melody Hopkins
PO Box 7378
Tyler, TX 75711

Chapter Phone #: 214-769-2854 Chapter Email: getbna34@gmail.com

New
 Renewing
 Year you became a Lifetime Member _____

You can complete the paper application or go to www.nbna.org, under the Membership tab, there is a dropdown list, locate the Chapter Directory for the chapter you would like to be activity with and review their pay structure. Complete an online application by creating your username, password and following the directions, pay the amount due and click submit.

RN
 LPN/LVN
 Retired member
 1st Year Grad
 Student

Name: _____ Credentials: _____

Address: _____

City/State/Zip Code: _____

Cell/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. Clinical Doctorate	4. 35-39	9. 60-64
LEVEL OF CARE PROVIDED	7. Industry	7. Nurse Educator	7. Research Doctorate	5. 40-44	10. 65 plus
1. In-patient	8. Home Health Agency	8. Case Manager	PROFESSIONAL ORGANIZATION	ANNUAL SALARY	
2. Out-patient Ambulatory	9. Behavioral Care Company/HMO	9. Entrepreneur	MEMBERSHIP	1. Less than \$30,000	
3. Public Health Department	10. Community Agency	10. CRNA	1. American Nurses Association	2. \$30,000 - \$49,000	
4. Nursing Home	11. Research	11. Professor	2. American Association of Critical Care Nurses	3. \$50,000 - \$69,999	
5. Residential	12. Nursing Home	12. Associate Professor	3. National League for Nursing	4. \$70,000 - \$89,999	
6. Rehabilitative	Nursing Specialty, i.e., ER, OR	13. Assistant Professor	4. Chi Eta Phi	5. \$90,000 - \$109,999	
NURSE PROFILE	NURSING EMPLOYMENT	14. Staff Nurse	5. American Public Health Association	6. \$110,000 - \$129,999	
1. ANA Certified	1. Full-time	GENDER	6. American Academy of Nursing	7. \$130,000 - \$149,999	
2. Generalist (RN, C)	3. Retired	1. Female	7. American Association of Nurse Practitioners	8. \$150,000 - \$169,999	
3. Specialist (RN, CS)	4. Unemployed	2. Male	8. Other	9. \$170,000 - \$189,999	
4. Prescriptive Authority		3. Non-Binary		10. \$190,000 - \$199,999	
		4. Other		11. \$200,000 - plus	

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 RN - \$150.00 1 st Year Grad LPN/LVN - \$115.00	National Dues Student (Unlicensed SN \$35.00)	National Dues amount \$
Local Dues RN - \$60	Local Dues LPN/LVN - \$60	Local Dues Retired - \$60	Local Dues 1 st Year Grad RN/LPN/LVN - \$60	Local Dues Student (Unlicensed) \$60	Local Dues amount \$
TOTAL AMOUNT DUE					\$

NEW Lifetime Member - 4 installments of \$500.00 within a one-year period plus Local Dues with your first Lifetime installment.

PAYMENT TYPE:

Check
 Money Order
 VISA
 Master Card
 Expiration Date: ____/____/____
 Sec. Code: _____

Account #:

Signature: _____

Address for credit card if different from above: _____

THANK YOU FOR YOUR INTEREST IN NBNA