Mari											
2025 NEW/RENEWAL MEMBERSHIP APPLICATION											
NATIONAL BLACK NURSES ASSOCIATION, INC.				Date of application							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Date of Birth						
Greater Eas Melody Hopki PO Box 7378 Tyler, TX 757	S BNA	Chapte	er Phone #: 21 ⁴	1-769-		pter Email: getbna3					
☐ 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											
Name: Credentials:											
Address:											
City/State/Zip Code:											
Cell/Phone: E-Mail:											
Nursing Lice				State):						
Work Affiliation:											
Recruited by:											
EXPERIENCE IN		PRIMAR	RY WORK SETTING	PRIMARY RO	PRIMARY ROLE		HIGHEST DEGREE HELD		NOTE: Your responses for age		
1. Less than 2 years			n-Profit Hospital	1. Adm/Dir./VP of Nur		1. Associate Degree		and salary will remain confidenti			
2. 2 - 5 year		2. Public/Fede		2. Nurse Manager		Baccalaureate in Nursing		AGE RANGE			
3. 6 - 10 years 4. 11 - 15 years		3. Private, Inv Hospital	restor-Owned	Assistant Nurse Manager Adv Practice Nurse		Another Baccalaureate Master's in Nursing			20-24	6. 45-49 7. 50-54	
5. 16 - 20 years			lege of Nursing	5. Researcher		5. Another Master's			30-34	8. 55.59	
6. More than 20 years		5. Independent/Private Practice		6. Consultant		6. Clinical Doctorate			35-39	9. 60-64	
LEVEL OF CARE PROVIDED		6. Military		7. Nurse Educator		7. Research Doctorate		5.	40-44	10. 65 plus	
1. In-patient		7. Industry		8. Case Manager		PROFESSIONAL ORGANIZATION		ANNUAL SALARY			
Out-patient Ambulatory Dublic Health Department		8. Home Health Agency		9. Entrepreneur 10. CRNA		MEMBERSHIP 1. American Nurses Association		1. Less than \$30,000			
Public Health Department Nursing Home		Behavioral Care Company/HMO Community Agency		11. Professor		American Nuises Association American Association of Critical		2. \$30,000 - \$49,000 3. \$50,000 - \$69,999			
5. Residential		11. Research		12. Associate Professor		Care Nurses		4. \$70,000 - \$89,999			
6. Rehabilitative		12. Nursing Home		13. Assistant Professor		National League for Nursing		5. \$90,000 - \$109,999			
NURSE PROFILE		Nursing Specialty, i.e., ER, OR		14. Staff Nurse		Chi Eta Phi American Public Health Association		6. \$110,000 - \$129,999			
1. ANA Certified 2. Generalist (RN, C)		NURSING EMPLOYMENT		GENDER 1. Female		6. American Academy of Nursing		7. \$130,000 - \$149,999 8. \$150,000 - \$169,999			
3. Specialist (RN, CS)		1. Full-time 3. Retired		2. Male		7. American Association of Nurse Practitioners		9. \$170,000 - \$189,999			
Prescriptive Authority		2. Part-time	4. Unemployed	3. Non-Binary		8. Other		10. \$190,000 - \$199,999			
D	0(NATIO	MAL I OO	4. Other	()	Paid in FULL to be a Member in Go			11. \$200,000 - plus		
			NAL and LOCA	National Dues	ist de i	Paid in FULL	National Dues Student				
National Dues RN - \$160.00	National LPN/LVI	N - \$125.00	National Dues Retired - \$100.0				(Unlicensed SN \$35.00				
Local Dues	Local Di	ies Local Dues		Local Dues		Local Dues Student		Local Dues amount			
RN - \$60 LPN/LVI		N - \$60 Retired - \$60		1st Year Grad RN/LPN/L		-VN - \$60	(Unlicensed) \$60		\$		
							TOTAL AMOUNT DUE	E \$			
PAYMENT 1			D.1104			<u> </u>	Footog as Bates 1		00		
□ Check □ Money Order □ VISA			l u k	■ Master Card			Expiration Date:/ Sec. Code:				
Account #:	-				Signat	ure:					
Address for credit card if different from above:											