



# 2023 NEW/RENEWAL MEMBERSHIP APPLICATION

Date of application \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Tri-County BNA of Charleston

Fharen Grant  
PO Box 20816

Charleston, SC 29413

Chapter Phone #: 843-256-3342 Chapter Email: tricountyblacknurses@gmail.com

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](http://www.nbna.org) create your username, password and complete your online profile, pay the amount due and click submit.

RN  LPN/LVN  Retired member  1<sup>st</sup> 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	<b>AGE RANGE</b>	
2. 2 - 5 year	2. Public/Federal Hospital	2. Nurse Manager	2. Baccalaureate in Nursing	1. 20-24	6. 45-49
3. 6 - 10 years	3. Private, Investor-Owned	3. Assistant Nurse Manager	3. Another Baccalaureate	2. 25-29	7. 50-54
4. 11 - 15 years	Hospital	4. Adv Practice Nurse	4. Master's in Nursing	3. 30-34	8. 55-59
5. 16 - 20 years	4. School/College of Nursing	5. Researcher	5. Another Master's	4. 35-39	9. 60-64
6. More than 20 years	5. Independent/Private Practice	6. Consultant	6. Clinical Doctorate	5. 40-44	10. 65 plus
<b>LEVEL OF CARE PROVIDED</b>	6. Military	7. Nurse Educator	7. Research Doctorate	<b>ANNUAL SALARY</b>	
In-patient	7. Industry	8. Case Manager	<b>PROFESSIONAL ORGANIZATION</b>	<b>MEMBERSHIP</b>	
Out-patient Ambulatory	8. Home Health Agency	9. Entrepreneur	UNDER \$20,000		
Public Health Department	9. Behavioral Care Company/HMO	10. CRNA	1. American Nurses Association	2. \$20,000 - \$39,999	
Nursing Home	10. Community Agency	11. Professor	2. American Association of Critical	3. \$40,000 - \$59,999	
Residential	11. Research	12. Associate Professor	Care Nurses	4. \$60,000 - \$79,999	
Rehabilitative	12. Nursing Home	13. Assistant Professor	3. National League for Nursing	5. \$80,000 - \$99,999	
<b>NURSE PROFILE</b>	<b>Nursing Specialty, i.e., ER, OR</b>	14. Staff Nurse	4. Chi Eta Phi	6. \$100,000 - \$119,999	
1. ANA Certified		<b>GENDER</b>	5. American Public Health Association	7. \$120,000 - \$139,999	
2. Generalist (RN, C)	<b>NURSING EMPLOYMENT</b>	1. Female	6. American Academy of Nursing	8. \$140,000 - PLUS	
3. Specialist (RN, CS)	1. Full-time 3. Retired	2. Male	Other:		
4. Prescriptive Authority	2. Part-time 4. Unemployed	3. Non-Binary			

**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 <sup>st</sup> Year Grad - \$150.00	National Dues Student (Unlicensed SN \$35.00)	National Dues amount \$
Local Dues RN - \$50	Local Dues LPN/LVN - \$50	Local Dues Retired - \$50	Local Dues 1 <sup>st</sup> Year Grad - \$50	Local Dues Student (Unlicensed) \$50	Local Dues amount \$
<b>TOTAL AMOUNT DUE</b>					<b>\$</b>

**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**