



# 2015 ANNUAL MEMBERSHIP RENEWAL DUES FORM

**Jannie Brown, President**  
**Tri-County Black Nurses Association of Charleston**  
 PO Box 20816  
 Charleston, SC 29413

NBNA Member – In order for your membership to be in good standing with National and your local chapter and to be included as a voting member, you must mail your dues directly to your local chapter by January 1, 2015

Please type or write 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					

**Update Member Profile: Please circle the appropriate response for the categories listed below:**

<p><b>EXPERIENCE IN NURSING</b></p> <ol style="list-style-type: none"> <li>1. Less than 2 years</li> <li>2. 2 - 5 year</li> <li>3. 6 - 10 years</li> <li>4. 11 - 15 years</li> <li>5. 16 - 20 years</li> <li>6. More than 20 years</li> </ol> <p><b>PRIMARY WORK SETTING</b></p> <ol style="list-style-type: none"> <li>1. Private Non-Profit Hospital</li> <li>2. Public/Federal Hospital</li> <li>3. Private, Investor-Owned Hospital</li> <li>4. School/College of Nursing</li> <li>5. Independent/Private Practice</li> <li>6. Military</li> <li>7. Industry</li> <li>8. Home Health Agency</li> <li>9. Behavioral Care Company/HMO</li> <li>10. Community Agency</li> <li>11. Academe</li> <li>12. Research</li> <li>13. Nursing Home</li> </ol> <p>Nursing Specialty, i.e., ER, OR, Oncology:</p> <p>_____</p>	<p><b>PRIMARY ROLE</b></p> <ol style="list-style-type: none"> <li>1. Administrator/Director/VP of Nursing</li> <li>2. Nurse Manager, Assistant Nurse Manager</li> <li>3. Nursing Supervisor</li> <li>4. Advanced Practice Nurse</li> <li>5. Researcher</li> <li>6. Consultant</li> <li>7. Educator</li> <li>8. Case Manager</li> <li>9. RN</li> <li>10. LPN/LVN</li> <li>11. Staff</li> </ol> <p><b>HIGHEST DEGREE HELD</b></p> <ol style="list-style-type: none"> <li>1. Associate Degree</li> <li>2. Diploma</li> <li>3. Baccalaureate in Nursing</li> <li>4. Other Baccalaureate</li> <li>5. Masters in Nursing</li> <li>6. Other Masters</li> <li>7. Doctorate in Nursing</li> <li>8. Other Doctorate</li> </ol> <p><b>NURSING EMPLOYMENT</b></p> <table style="width: 100%; border: none;"> <tr> <td>1. Full-time</td> <td>3. Unemployed</td> </tr> <tr> <td>2. Part-time</td> <td>4. Retired</td> </tr> </table>	1. Full-time	3. Unemployed	2. Part-time	4. Retired	<p><b>NURSE PROFILE</b></p> <ol style="list-style-type: none"> <li>1. ANA Certified</li> <li>2. Generalist (RN, C)</li> <li>3. Specialist (RN, CS)</li> <li>4. Prescriptive Authority</li> </ol> <p><b>LEVEL OF CARE PROVIDED</b></p> <ol style="list-style-type: none"> <li>1. In-patient</li> <li>2. Out-patient Ambulatory</li> <li>3. Public Health Department</li> <li>4. Nursing Home</li> <li>5. Residential</li> <li>6. Rehabilitative</li> </ol> <p style="color: red; font-size: small;">NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.</p> <p><b>AGE RANGE</b></p> <table style="width: 100%; border: none;"> <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><b>SEX</b></p> <p>1. Female      2. Male</p> <p><b>PROF. ORGANIZATION MEMBERSHIPS</b></p> <ol style="list-style-type: none"> <li>1. American Nurses Assoc.</li> <li>2. American Association of Critical Care Nurses</li> <li>3. National League of Nursing</li> <li>4. Chi Eta Phi</li> <li>5. American Public Health Association</li> <li>6. American Academy of Nursing</li> <li>7. Other:</li> </ol> <hr/> <p><b>ANNUAL SALARY</b></p> <ol style="list-style-type: none"> <li>1. UNDER \$20,000</li> <li>2. \$20,000 - \$29,000</li> <li>3. \$30,000 - \$39,999</li> <li>4. \$40,000 - \$49,999</li> <li>5. \$50,000 - \$59,999</li> <li>6. \$60,000 - \$69,999</li> <li>7. \$70,000 - \$79,999</li> <li>8. \$80,000 plus</li> </ol>
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Lifetime National Dues \$2,000.00	National Dues RN/LPN/LVN \$225.00	National Dues RETIRED \$112.50	National Dues 1 <sup>st</sup> YEAR GRAD \$150.00	National Dues *STUDENT \$65.00 (unlicensed SN)	National	\$
Lifetime Local Dues \$35.00	Local Dues RN/LPN/LVN \$35.00	Local Dues RETIRED \$35.00	Local Dues 1 <sup>st</sup> YEAR GRAD \$35.00	Local Dues *STUDENT \$35.00 (unlicensed SN)	Chapter	\$

Method of Payment:				<b>TOTAL AMOUNT ENCLOSED</b>	\$
[ ] Check	[ ] Money Order	[ ] VISA	[ ] MasterCard		
Account #:		Exp. Date:		Sec. Code:	
Signature:					

Thank You for Your Membership