NATIONAL BLACK DIJECTE ACCOLATION INC

2020 MEMBERSHIP APPLICATION

NBNA 20 x 20 Campaign

Tri-County Black Nurses Association of Charleston (27)

Vivian Frasier-Gathers

PO Box 20816

Signature:

Charleston, South Carolina 29413

Ph: (843) 256-3342; E-Mail: tricountyblacknurses@gmail.com

Each member must complete a separate membership application and submit both with payment at the same time.

		Ple	ease type o	r <u>writ</u>	<u>e legibly</u> , tl	his info	rmat	tion mu	ıst be read	lable					
I am a: □ RN □ LPN □ Retired member □ 1 st Year Grad □ Student □ Lifetime: Year joined:															
												•			
Name										」 Ren	ewing	g 🔲 Ne	€W		
I am a: 🔲 RN 🔲	LPN I	☐ Ret	ired membe	r 🔲 1°	t Year Grad	☐ Stud	lent								
Name • Ne												w 🔲 Reclaimed			
APPLICANT'S INF	ORM.	ATION	: Nursing Cre	edentia	ıls:										
WORK AFFILIATI	ON: _														
Recruited by:															
Address:						City:			State:			Zip:			
Phone:				Cell:		E-Mai			il:						
Nursing License #: State:															
EXPERIENCE IN NURSING		PRIMARY WORK SETTIN			G PRIMARY ROLE			HIGHE	ST DEGREE HEL	DEGREE HELD N			NOTE: Your responses for age		
Less than 2 years			te Non-Profit Hospit				Associate Deg				and salary will remain confidential.			nfidential.	
2. 2 - 5 year			c/Federal Hospital		2. Nurse Manager				alaureate in Nursing		AGE RANGE				
3. 6 - 10 years			te, Investor-Owned		3. Assistant Nurse Ma						1. 20		6. 45		
4. 11 - 15 years		Hospital			4. Adv Practice Nurse		+	aster's in Nu				-29 -34	7. 50		
5. 16 - 20 years 6. More than 20 years		School/College of Nursing Independent/Private Practice			Researcher Consultant		5. Another Master's 6. Doctorate in Nursing					-34 -39	8. 55 9. 60		
LEVEL OF CARE PROVIDED		6. Military			7. Educator		Other:				5. 40		10. 65		
1. In-patient		7. Industry			8. Case Manager		PROFESSIONAL ORGANIZA		TION	ANNUAL SALAR			pido		
Out-patient Ambulatory		8. Home Health Agency			9. RN		MEMBERSHIP			1. UNDER \$20,000					
Public Health Department		9. Behavioral Care Company/HMO			10. LPN/LVN		American Nurses Association			2. \$20,000 - \$29,999					
4. Nursing Home		10. Community Agency			11. Professor		American Association of Critical			3. \$30,000 - \$39,999					
5. Residential		11. Research			12. Associate Professor		Care Nurses			4. \$40,000 - \$49,999					
6. Rehabilitative		12. Nursing Home			13. Assistant Professor		National League for Nursing			5. \$50,000 - \$59,999					
NURSE PROFILE		Nursing Specialty, i.e., ER, OR			14. Staff		4. Chi Eta Phi			6. \$60,000 - \$69,999					
1. ANA Certified		NURSING EMPLOYMENT			SEX 1. Female		5. American Public Health Association 6. American Academy of Nursing			ion	7. \$70,000 - \$79,999 8. \$80,000 - PLUS				
Generalist (RN, C) Specialist (RN, CS)		1. Full-time 3. Retired			2. Male		7. Other:			0. \$00,0	100 - PLUS	U-PLU3			
Prescriptive Authority		2. Part-time 4. Unemploy					7. Other.								
	Structi		ATIONAL and		DUES both	Must he	Paid	in FIII I	to be a Mem	her in	Good	Standi	'na		
Regular National				Regular I			Regular National		Reg. National amount			amount			
Dues RN					Regular National Dues Retired		Year Grad		Dues Student		\$		amount		
\$225.00		\$175			\$100.00		i cai Giaa		(unlicensed SN \$50.		00)	φ			
Φ223.00	HSE		OLUMNS BEL			\$150.00	דוו ום	ING A N				MDED			
	USE	1						ING A N							
National Dues RN - \$160.00			nal Dues				National Dues 1st Year Grad - \$150.00		National Due						
		LPN/	LPN/LVN - \$125.00 Retir		d - \$100.00	1 st Year ((unlicensed S	.00) \$					
Local Dues		Loca	Local Dues Loca		al Dues Lo		ocal Dues		Local Dues Student		Local amount				
RN - \$35.00							1st Year Grad - \$35.00		unlicensed SN \$35.00						
										Lifetime amount					
Lifetime Local Dues \$35.00 or become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period.											\$				
Lifetime Local Dues		Ctaminonto or wood.oo within			TOTAL AMOUNT DUE			\$							
METHOD OF PAYMENT:															
☐ Check ☐	Mone	ey Orc	ler 🗖	VISA		Master			Expiration Da	ate:	1	Sec	. Code	<u>.</u>	
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Account #:															