



2019 MEMBERSHIP APPLICATION RENEWAL FORM

Tri-County Black Nurses Association of Charleston
 Wanda Brown, President
 PO Box 20816
 Charleston, SC 29413
 Ph #: 843-256-3342; Email: tricountyblacknurses@gmail.com

NEW MEMBER
 RENEWING
 LIFETIME MEMBER _____ (year paid)

To complete an online membership, go to NBNA's website at www.nbna.org, Membership tab, using the drop down box, locate the Membership Application, complete the information. The line for Chapter you are joining – select **Tri-County BNA** and on the line – Who were you recruited by? **Type in the person's name**

Please type or write legibly, this information must be readable.

Name: _____ Nursing Credentials: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ E-Mail: _____
 Nursing License #: _____ State: _____

Students MUST forward directly to the chapter a letter on their school stationary, signed by the Nursing Administration official stating you are currently enrolled and that you do not have an LPN/LVN or RN License.

Recruited by: _____

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

<p>EXPERIENCE IN NURSING</p> <ol style="list-style-type: none"> Less than 2 years 2 - 5 year 6 - 10 years 11 - 15 years 16 - 20 years More than 20 years <p>PRIMARY WORK SETTING</p> <ol style="list-style-type: none"> Private Non-Profit Hospital Public/Federal Hospital Private, Investor-Owned Hospital School/College of Nursing Independent/Private Practice Military Industry Home Health Agency Behavioral Care Company/HMO Community Agency Research Nursing Home 	<p>PRIMARY ROLE</p> <ol style="list-style-type: none"> Administrator/Director/VP of Nursing Nurse Manager, Assistant Nurse Manager Nursing Supervisor Advanced Practice Nurse Researcher Consultant Educator Case Manager RN LPN/LVN Staff <p>HIGHEST DEGREE HELD</p> <ol style="list-style-type: none"> Associate Degree Diploma Baccalaureate in Nursing Other Baccalaureate Master's in nursing Other Masters Doctorate in Nursing Other Doctorate <p>NURSING EMPLOYMENT</p> <ol style="list-style-type: none"> Full-time Part-time Unemployed Retired 	<p>NURSE PROFILE</p> <ol style="list-style-type: none"> ANA Certified Generalist (RN, C) Specialist (RN, CS) Prescriptive Authority <p>LEVEL OF CARE PROVIDED</p> <ol style="list-style-type: none"> In-patient Out-patient Ambulatory Public Health Department Nursing Home Residential Rehabilitative <p>NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.</p> <p>AGE RANGE</p> <table border="0"> <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>SEX</p> <ol style="list-style-type: none"> Female Male <p>PROF. ORGANIZATION MEMBERSHIPS</p> <ol style="list-style-type: none"> American Nurses Assoc. American Association of Critical Care Nurses National League of Nursing Chi Eta Phi American Public Health Association American Academy of Nursing Other: <p>ANNUAL SALARY</p> <ol style="list-style-type: none"> UNDER \$20,000 \$20,000 - \$29,000 \$30,000 - \$39,999 \$40,000 - \$49,999 \$50,000 - \$59,999 \$60,000 - \$69,999 \$70,000 - \$79,999 \$80,000 plus
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												

Lifetime National Dues \$2,000.00 plus local dues or 4 installments of \$500.00 before May 18 th	National Dues RN \$225.00	National Dues LPN/LVN and Associate Member \$175.00	National Dues RETIRED \$112.50	1 st YEAR GRAD \$150.00	National Dues *STUDENT (unlicensed SN) \$50.00	National \$
Local LT dues to chapter after initial LT payment \$35.00 each year	Local Dues RN \$35.00	Local Dues LPN/LVN and Associate Member \$35.00	Local Dues RETIRED \$35.00	1 st YEAR GRAD Local Dues \$35.00	*STUDENT (unlicensed) Local Dues \$35.00	Local \$

Method of Payment: [] Check [] Money Order [] VISA [] MasterCard

TOTAL AMOUNT ENCLOSED \$ _____

Account #: _____ Exp. Date: _____ Sec. Code: _____

Signature: _____

THANK YOU FOR YOUR INTEREST IN NBNA