



## 2020 MEMBERSHIP APPLICATION

### NBNA 20 x 20 Campaign

**Black Nurses Association of Greater Washington DC Area** (4)

Dr. Pier Broadnax

PO Box 55285

Washington, District of Columbia 20040

Ph: (703) 256-1019; E-Mail: [contactus@bnaofgwdca.org](mailto:contactus@bnaofgwdca.org)

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

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

I am a:  RN  LPN  Retired member  1<sup>st</sup> Year Grad  Student  Lifetime: Year joined: \_\_\_\_\_

Name \_\_\_\_\_  Renewing  New

I am a:  RN  LPN  Retired member  1<sup>st</sup> Year Grad  Student

Name \_\_\_\_\_  New  Reclaimed

**APPLICANT'S INFORMATION: Nursing Credentials:** \_\_\_\_\_

**WORK AFFILIATION:** \_\_\_\_\_

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

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	
3. 6 - 10 years	3. Private, Investor-Owned Hospital	3. Assistant Nurse Manager	3. Another Baccalaureate	1. 20-24      6. 45-49
4. 11 - 15 years	4. School/College of Nursing	4. Adv Practice Nurse	4. Master's in Nursing	2. 25-29      7. 50-54
5. 16 - 20 years	5. Independent/Private Practice	5. Researcher	5. Another Master's	3. 30-34      8. 55-59
6. More than 20 years	6. Military	6. Consultant	6. Doctorate in Nursing	4. 35-39      9. 60-64
<b>LEVEL OF CARE PROVIDED</b>	7. Industry	7. Educator	Other:	5. 40-44      10. 65 plus
1. In-patient	8. Home Health Agency	8. Case Manager	<b>PROFESSIONAL ORGANIZATION MEMBERSHIP</b>	<b>ANNUAL SALARY</b>
2. Out-patient Ambulatory	9. Behavioral Care Company/HMO	9. RN	1. American Nurses Association	1. UNDER \$20,000
3. Public Health Department	10. Community Agency	10. LPN/LVN	2. American Association of Critical Care Nurses	2. \$20,000 - \$29,999
4. Nursing Home	11. Research	11. Professor	3. National League for Nursing	3. \$30,000 - \$39,999
5. Residential	12. Nursing Home	12. Associate Professor	4. Chi Eta Phi	4. \$40,000 - \$49,999
6. Rehabilitative	13. Assistant Professor	13. Staff	5. American Public Health Association	5. \$50,000 - \$59,999
<b>NURSE PROFILE</b>	<b>Nursing Specialty, i.e., ER, OR</b>	<b>SEX</b>	6. American Academy of Nursing	6. \$60,000 - \$69,999
1. ANA Certified		1. Female	7. Other:	7. \$70,000 - \$79,999
2. Generalist (RN, C)	<b>NURSING EMPLOYMENT</b>	2. Male		8. \$80,000 - PLUS
3. Specialist (RN, CS)	1. Full-time      3. Retired			
4. Prescriptive Authority	2. Part-time      4. Unemployed			

**Dues Structure: NATIONAL and LOCAL DUES both Must be Paid in FULL to be a Member in Good Standing**

Regular National Dues RN \$225.00	Regular National Dues LPN/LVN \$175.00	Regular National Dues Retired \$100.00	Regular National Dues 1 <sup>st</sup> Year Grad \$150.00	Regular National Dues Student (unlicensed SN \$50.00)	Reg. National amount \$
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**USE THE COLUMNS BELOW ONLY IF YOU ARE RECRUITING A NEW OR RECLAIMED MEMBER**

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 amount \$
Local Dues RN - \$50.00	Local Dues LPN/LVN - \$50.00	Local Dues Retired - \$20.00	Local Dues 1 <sup>st</sup> Year Grad - \$25.00	Local Dues Student (unlicensed SN \$10.00)	Local amount \$
Lifetime Local Dues Reg \$50.00	or become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period.				Lifetime amount \$
				<b>TOTAL AMOUNT DUE</b>	\$

**METHOD OF PAYMENT:**

Check     Money Order     VISA     Master Card    Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Sec. Code: \_\_\_\_\_

Account #:

Signature:

**THANK YOU FOR YOUR INTEREST IN NBNA**