



2020 MEMBERSHIP APPLICATION

NBNA 20 x 20 Campaign

Rochester Black Nurses Association (182)

Dr. Yvette Conyers
 1485 Howard Road, PO Box 64535
 Rochester, New York 14624
 Ph: (585) 210-8374; E-Mail: nbna.rochester@gmail.com

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 1st Year Grad Student Lifetime: Year joined: _____

Name _____ Renewing New

I am a: RN LPN Retired member 1st 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	AGE RANGE
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
LEVEL OF CARE PROVIDED	7. Industry	7. Educator	Other:	5. 40-44 10. 65 plus
1. In-patient	8. Home Health Agency	8. Case Manager	PROFESSIONAL ORGANIZATION	ANNUAL SALARY
2. Out-patient Ambulatory	9. Behavioral Care Company/HMO	9. RN	MEMBERSHIP	1. UNDER \$20,000
3. Public Health Department	10. Community Agency	10. LPN/LVN	1. American Nurses Association	2. \$20,000 - \$29,999
4. Nursing Home	11. Research	11. Professor	2. American Association of Critical Care Nurses	3. \$30,000 - \$39,999
5. Residential	12. Nursing Home	12. Associate Professor	3. National League for Nursing	4. \$40,000 - \$49,999
6. Rehabilitative	13. Staff	13. Assistant Professor	4. Chi Eta Phi	5. \$50,000 - \$59,999
NURSE PROFILE	Nursing Specialty, i.e., ER, OR	SEX	5. American Public Health Association	6. \$60,000 - \$69,999
1. ANA Certified	NURSING EMPLOYMENT	1. Female	6. American Academy of Nursing	7. \$70,000 - \$79,999
2. Generalist (RN, C)	1. Full-time 3. Retired	2. Male	7. Other:	8. \$80,000 - PLUS
3. Specialist (RN, CS)	2. Part-time 4. Unemployed			
4. Prescriptive Authority				

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 st Year Grad \$150.00	Regular National Dues Student (unlicensed SN \$50.00)	Reg. National amount \$
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 st Year Grad - \$150.00	National Dues Student (unlicensed SN \$35.00)	National amount \$
Local Dues RN - \$50.00	Local Dues LPN/LVN - \$25.00	Local Dues Retired - \$25.00	Local Dues 1 st Year Grad - \$10.00	Local Dues Student unlicensed SN \$5.00	Local amount \$
Lifetime Local Dues \$00.00	or become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period.				Lifetime amount \$
				TOTAL AMOUNT DUE	\$
METHOD OF PAYMENT:					

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	Expiration Date: ____/____	Sec. Code: _____
Account #:					
Signature:					

THANK YOU FOR YOUR INTEREST IN NBNA