2021 RENEWAL MEMBERSHIP APPLICATION

NBNA 50 x 50 Campaign

Suffolk County Black Nurses Association (183)

Jacqueline Winston, P	resident									
PO Box 541										
Ridge, New York 11961										
Chapter Telephone #: (5										
Chapter Email: suffolked	ountybna@hotmail.	.com								
Пре			Lifetime							
Renewing Lifetime member, year you joined:										
Please type or write legibly, this information must be readable.										
Name:					Credentials:					
□ RN □	☐ LPN/LVN ☐ Retired				er 1st Year Grad			Student		
Address:										
City/State/Zip Code:										
City/State/Zip Code.										
Phone:					E-Mail:					
Juraina Licence #1					State					
Nursing License #: State:										
Work Affiliation:										
Recruited by:										
					1			.,		
EXPERIENCE IN NURSING 1. Less than 2 years	PRIMARY WORK SETTING 1. Private Non-Profit Hospital		PRIMARY ROLE 1. Adm/Dir./VP of Nursing		HIGHEST DEGREE HELD 1. Associate Degree		NOTE: Your responses for age and salary will remain confidential			
2. 2 - 5 year	Private Non-Profit Hospital Public/Federal Hospital		Nurse Manager		Associate Degree Baccalaureate in Nursing		AGE RANGE			
3. 6 - 10 years	Private, Investor-Owned		Assistant Nurse Manager		3. Another Baccalaureate		1. 20-24 6. 45-49			
4. 11 - 15 years	Hospital	4. Adv Practice Nurse		4. Master's in Nu	4. Master's in Nursing		2. 25-29 7. 50-54			
5. 16 - 20 years	School/College of Nursing		5. Researcher		5. Another Maste		3. 30)-34	8. 55.59	
6. More than 20 years	5. Independent/Private Practice		6. Consultant			Doctorate in Nursing		4. 35-39 9. 60-64		
LEVEL OF CARE PROVIDED	6. Military		7. Educator		Other:			5. 40-44 10. 65 plus		
1. In-patient	7. Industry		8. Case Manager			PROFESSIONAL ORGANIZATION		ANNUAL SA		
2. Out-patient Ambulatory	<u> </u>		9. RN			MEMBERSHIP		1. UNDER \$20,000		
Public Health Department Number of Health			10. LPN/LVN			1. American Nurses Association		2. \$20,000 - \$29,999		
4. Nursing Home	10. Community Agency		11. Professor		2. American Association of Critical		3. \$30,000 - \$39,999			
Residential Rehabilitative	11. Research		12. Associate Professor 13. Assistant Professor		Care Nurses 3. National League for Nursing		4. \$40,000 - \$49,999 5. \$50,000 - \$59,999			
NURSE PROFILE	12. Nursing Home Nursing Specialty, i.e., ER, OR		14. Staff		4. Chi Eta Phi		6. \$60,000 - \$69,999			
1. ANA Certified	Nursing Specialty, i.e., ER, OR		SEX		5. American Public Health Association		7. \$70,000 - \$79,999			
2. Generalist (RN, C)	NURSING EMPLOYMENT		1. Female			6. American Academy of Nursing		8. \$80,000 - PLUS		
3. Specialist (RN, CS)	1. Full-time 3. Retired		2. Male		7. Other:	demy of Nursing	σ. ψου,ουσ - 1 Εσσ			
Prescriptive Authority				Z. IVIAIC		7. Other.				
Dues Structure: NATIONAL and LOCAL DUES both Must be Paid in FULL to be a Member in Good Standing										
National Dues	National Dues		nal Dues		al Dues	National Dues Stud			l amount	
RN - \$160.00	LPN/LVN - \$125.00		ed - \$100.00		r Grad - \$150.00	(unlicensed SN \$35.00)		\$		
Local Dues	Local Dues	Local	ocal Dues Loc		Dues	Local Dues Student		Local amount		
RN - \$40.00	LPN/LVN - \$40.00	Retired - \$30.00			r Grad - \$20.00	unlicensed SN \$10.00		\$		
					•		Lifetime amount		amount	
Become a NEW Lifetime M	ember - 4 installments	of \$500	.00 within a on	e-year pe	eriod plus \$25.00 f	for Local Dues.		\$		
					TOTAL AMOUNT D			UE \$		
METHOD OF PAYM	IENT: is the credit	card a	ssociated wi	th the a	ddress listed al	bove, if NO type o	r write	the add	ress below	
☐ Check ☐ Mon						ster Card Expiration Date:/ Sec. Code:				
Account #:	Sia	ignature:								
				Julyi						
Address:										