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| Shape  Description automatically generated with medium confidence | **2023 NEW/RENEWAL MEMBERSHIP APPLICATION**  ***Date of application\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_****\_\_\_\_\_\_*** |
|  ***Date of Birth* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****Suffolk County BNA***Jacqueline WinstonPO Box 541Ridge**,** NY11961**Chapter Phone #:** 516-983-4668 **Chapter Email:** suffolkcountybna@hotmail.com **❑ New ❑ Renewing Year you became a Lifetime Member \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please type or *write legibly,* submit your application directly to your chapter or complete your membership application online. Go to** [**www.nbna.org**](http://www.nbna.org) **create your username, password and complete your online profile, pay the amount due and click submit.** **❑ RN ❑ LPN/LVN ❑ Retired member ❑ 1st Year Grad ❑ Student** **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address:** |
| **City/State/Zip Code:** |
| **Cell/Phone:** | **E-Mail:** |
| **Nursing License #:** | **State:** |
| **Work Affiliation:** |
| **Recruited by:**  |

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| **EXPERIENCE IN NURSING** | **PRIMARY WORK SETTING** | **PRIMARY ROLE** | **HIGHEST DEGREE HELD** | ***NOTE: Your responses for age*** |
| 1. Less than 2 years  | 1. Private Non-Profit Hospital | 1. Adm/Dir./VP of Nursing | 1. Associate Degree | ***and salary will remain confidential.*** |
| 2. 2 - 5 year | 2. Public/Federal Hospital | 2. Nurse Manager | 2. Baccalaureate in Nursing |  **AGE RANGE** |
| 3. 6 - 10 years | 3. Private, Investor-Owned | 3. 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 Nursing | 2. 25-29 7. 50-54  |
| 5. 16 - 20 years | 4. School/College of Nursing | 5. Researcher | 5. Another Master’s | 3. 30-34 8. 55.59 |
| 6. More than 20 years | 5. Independent/Private Practice | 6. Consultant | 6. Clinical Doctorate  | 4. 35-39 9. 60-64 |
| **LEVEL OF CARE PROVIDED** | 6. Military | 7. Nurse Educator | 7. Research Doctorate  | 5. 40-44 10. 65 plus  |
| In-patient | 7. Industry | 8. Case Manager | **PROFESSIONAL ORGANIZATION** |  **ANNUAL SALARY** |
| Out-patient Ambulatory | 8. Home Health Agency | 9. Entrepreneur  | **MEMBERSHIP** | UNDER $20,000 |
| Public Health Department | 9. Behavioral Care Company/HMO | 10. CRNA | 1. American Nurses Association | 2. $20,000 - $39,999 |
| Nursing Home | 10. Community Agency | 11. Professor | 2. American Association of Critical | 3. $40,000 - $59,999 |
| Residential | 11. Research | 12. Associate Professor |  Care Nurses | 4. $60,000 - $79,999 |
| Rehabilitative | 12. Nursing Home | 13. Assistant Professor | 3. National League for Nursing | 5. $80,000 - $99,999 |
| **NURSE PROFILE** | ***Nursing Specialty, i.e., ER, OR*** | 14. Staff Nurse | 4. Chi Eta Phi | 6. $100,000 - $119,999 |
| 1. ANA Certified |  |  **GENDER** | 5. American Public Health Association | 7. $120,000 - $139,999 |
| 2. Generalist (RN, C) | **NURSING EMPLOYMENT** | 1. Female | 6. American Academy of Nursing | 8. $140,000 - PLUS |
| 3. Specialist (RN, CS) | 1. Full-time 3. Retired | 2. Male | Other: |  |
| 4. Prescriptive Authority | 2. Part-time 4. Unemployed | 3, Non-Binary |

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

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| **National Dues** **RN - $160.00** | **National Dues** **LPN/LVN - $125.00** | **National Dues** **Retired - $100.00** | **National Dues****1st Year Grad - $150.00** | **National Dues Student****(Unlicensed SN $35.00)** | **National Dues amount****$** |
| **Local Dues** **RN - $40** | **Local Dues** **LPN/LVN - $40** | **Local Dues** **Retired - $30** | **Local Dues****1st Year Grad - $20** | **Local Dues Student****(Unlicensed) $10**  | **Local Dues amount****$** |
|  | ***TOTAL AMOUNT DUE***  | **$** |
| **NEW Lifetime Member - 4 installments of $500.00 within a one-year period plus Local Dues** with your first Lifetime installment**.**  |
| ***PAYMENT TYPE:*** |
| **❑ Check** | **❑ Money Order** | **❑ VISA** | **❑ Master Card** | **Expiration Date: \_\_\_\_/\_\_\_\_\_**  | **Sec. Code:** \_\_\_\_\_\_ |
| **Account #:** | **Signature:** |
| **Address for credit card if different from above:** |
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***THANK YOU FOR YOUR INTEREST IN NBNA***