



# 2024 NEW/RENEWAL MEMBERSHIP APPLICATION

Date of application \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Chapter you are joining: Black Nurses Association of Baltimore**  
**Estella A. Lazenby, Membership Services Manager**

8630 Fenton Street, Suite 910

Silver Spring, MD 20910

Email: [elazenby@nbna.org](mailto:elazenby@nbna.org); Office: (301) 589-3200

New

Renewing

Year you became a Lifetime Member: \_\_\_\_\_

You can complete the paper application or go to [www.nbna.org](http://www.nbna.org), under the Membership tab, there is a dropdown list, locate the Chapter Directory for the chapter you would like to be activity with and review their pay structure. Complete an online application by creating your username, password and following the directions, pay the amount due and click submit.

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

RN

LPN/LVN

Retired member

1<sup>st</sup> Year Grad

Student

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Nursing License #: \_\_\_\_\_

State: \_\_\_\_\_

Recruited by: \_\_\_\_\_

Work Affiliation: \_\_\_\_\_

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		
2. 2 - 5 year	2. Public/Federal Hospital	2. Nurse Manager	2. Baccalaureate in Nursing	<b>AGE RANGE</b>	
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. Clinical Doctorate	4. 35-39	9. 60-64
<b>LEVEL OF CARE PROVIDED</b>	7. Industry	7. Nurse Educator	7. Research Doctorate	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. Entrepreneur		1. Less than \$30,000	
3. Public Health Department	10. Community Agency	10. CRNA	1. American Nurses Association	2. \$30,000 - \$49,000	
4. Nursing Home	11. Research	11. Professor	2. American Association of Critical Care Nurses	3. \$50,000 - \$69,999	
5. Residential	12. Nursing Home	12. Associate Professor	3. National League for Nursing	4. \$70,000 - \$89,999	
6. Rehabilitative	<b>Nursing Specialty, i.e., ER, OR</b>	13. Assistant Professor	4. Chi Eta Phi	5. \$90,000 - \$109,999	
<b>NURSE PROFILE</b>		14. Staff Nurse	5. American Public Health Association	6. \$110,000 - \$129,999	
1. ANA Certified		<b>GENDER</b>	6. American Academy of Nursing	7. \$130,000 - \$149,999	
2. Generalist (RN, C)	<b>NURSING EMPLOYMENT</b>	1. Female	7. American Association of Nurse Practitioners	8. \$150,000 - \$169,999	
3. Specialist (RN, CS)	1. Full-time	2. Male	8. Other	9. \$170,000 - \$189,999	
4. Prescriptive Authority	3. Retired	3. Non-Binary		10. \$190,000 - \$199,999	
	2. Part-time	4. Other		11. \$200,000 - plus	
	4. Unemployed				

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

National Dues RN - \$160.00	National Dues LPN/LVN - \$125.00	National Dues Retired - \$100.00	National Dues 1 <sup>st</sup> Year Grad RN - \$150.00 1 <sup>st</sup> Year Grad LPN/LVN - \$115.00	National Dues Student (Unlicensed SN \$35.00)	National amount \$
Become a NEW Lifetime Member - 6 installments of \$515.00 within a one-year period					Lifetime amount \$
<b>TOTAL AMOUNT DUE</b>					\$

**METHOD OF PAYMENT: is the credit card associated with the address listed above, if NO type or write the address below**

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

Account #: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN NBNA**