



NATIONAL BLACK NURSES ASSOCIATION, INC.

2022 NEW/MEMBERSHIP APPLICATION

Greater East Texas Black Nurses Association (34)

Melody Hopkins, President

P.O. Box 7378

Tyler, TX 75711

Chapter Email: getbna34@gmail.com

Chapter Telephone: (214) 769-2854

New **Renewing** **Lifetime member, year you became a LT member:** _____

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

Name: _____ **Credentials:** _____

RN

LPN/LVN

Retired member

1st Year Grad

Student

Address:

City/State/Zip Code:

Phone:

E-Mail:

Nursing License #:

State:

Work Affiliation:

Recruited by:

| 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 | 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. 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 SALARY | |
| 2. Out-patient Ambulatory | 8. Home Health Agency | 9. RN | MEMBERSHIP | 1. UNDER \$20,000 | |
| 3. Public Health Department | 9. Behavioral Care Company/HMO | 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 | |
| 5. Residential | 11. Research | 12. Associate Professor | Care Nurses | 4. \$40,000 - \$49,999 | |
| 6. Rehabilitative | 12. Nursing Home | 13. Assistant Professor | 3. National League for Nursing | 5. \$50,000 - \$59,999 | |
| NURSE PROFILE | Nursing Specialty, i.e., ER, OR | 14. Staff | 4. Chi Eta Phi | 6. \$60,000 - \$69,999 | |
| 1. ANA Certified | | 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: | | |
| 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

| | | | | | |
|---|--|--|--|---|-------------------------------|
| 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 - \$60.00 | Local Dues LPN/LVN - \$60.00 | Local Dues Retired - \$60.00 | Local Dues 1 st Year Grad - \$60.00 | Local Dues Student unlicensed SN \$60.00 | Local amount \$ |
| Become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period plus \$60.00 for Local Dues. | | | | | Lifetime amount \$ |
| | | | | | TOTAL AMOUNT DUE \$ |

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