

## **2020 MEMBERSHIP APPLICATION**

NBNA 20 x 20 Campaign

## Southern Connecticut Black Nurses Association (36)

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Each member must complete a separate membership application and submit both with payment at the same time.

	Please type	or <u>writ</u>	<u>e <i>legibly</i>,</u> th	is info	rm	ation must be rea	dable.				
I am a: 🗆 RN 🖵 LPN	□ Retired me	mber 🖵	1st Year Grad	d 🗆 Sti	ude	nt 🖵 Lit	fetime:	Year joii	ned:		
Name								Renewing 🚨 New			
I am a:  RN LPN	□ Retired me	mber 🖵	1st Year Gra	d 🗆 St	ude	ent					
Name									New Reclaimed		
							_				
APPLICANT'S INFORM	MATION. NUISIII					_					
WORK AFFILIATION:											
								<del>_</del>			
Address:			Cit	y:	Stat			Zip:			
Phone:		Cell:			1	E-Mail:					
November 1 incomes #1				Ctata							
Nursing License #:			State:								
EXPERIENCE IN NURSING	PRIMARY WORK		PRIMARY ROLE			HIGHEST DEGREE HELD		NOTE: Your responses for age			
1. Less than 2 years	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. E	Baccalaureate in Nursing		AGE RANGE			
3. 6 - 10 years	3. Private, Investor-Owned		3. Assistant Nurse Manager		3. <i>A</i>	Another Baccalaureate		1. 20-24 6. 45-49			
4. 11 - 15 years	15 years Hospital		4. Adv Practice Nurse		4. 1	4. Master's in Nursing		2. 25-29	7. 50	0-54	
5. 16 - 20 years	4. School/College of	School/College of Nursing			5. A	5. Another Master's		3. 30-34	8. 5	5.59	
6. More than 20 years	5. Independent/Private Practice		6. Consultant		6. Doctorate in Nursing			4. 35-39	9. 60	0-64	
LEVEL OF CARE PROVIDED	6. Military		7. Educator		Oth	Other:		5. 40-44	10. 6	5 plus	
1. In-patient	7. Industry		8. Case Manager		F	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. /	1. American Nurses Association		2. \$20,000 - \$29,999			
Nursing Home		11. Professor		2. <i>A</i>	2. American Association of Critical		3. \$30,000 - \$39,999				
i. Residential 11. Research		12. Associate Professor		(	Care Nurses		4. \$40,000 - \$49,999				
6. Rehabilitative 12. Nursing Home		13. Assistant Pro	fessor	3.1	National League for Nursing	5.	5. \$50,000 - \$59,999				
NURSE PROFILE	Nursing Specialty, i.e., ER, OR		14. Staff		4. (	4. Chi Eta Phi		6. \$60,000 - \$69,999			
1. ANA Certified			SEX			American Public Health Associa	ation 7.	7. \$70,000 - \$79,999			
2. Generalist (RN, C) NURSING EMPLOYMENT		1. Female			American Academy of Nursing	8.	8. \$80,000 - PLUS				
3. Specialist (RN, CS) 1. Full-time 3. Retired		2. Male			Other:						

4. Prescriptive Autho	ority	2. Part-time 4. U	nemployed							
Dues	Structui	e: NATIONAL an	d LOCA	L DUES boti	h Must be	Paid in FUL	L to be a Membe	r in Goo	d Standing	
Regular Nationa Dues RN \$225.00	r National Regular National N Dues LPN/LVN		Dues	Regular National Dues Retired \$100.00		lational Year Grad	Regular National Dues Student (unlicensed SN \$50.00)		Reg. National amount	
	USE TH	E COLUMNS BE	LOW ON	LY IF YOU A	RE RECR	UITING A NI	EW OR RECLAIM	ED MEN	MBER	
National Dues RN - \$160.00		National Dues LPN/LVN - \$125.0				National Dues Student (unlicensed SN \$35.00)		National amount \$		
Local Dues RN - \$50.00		Local Dues LPN/LVN - \$50.00		Local Dues Retired - \$25.00		es Grad - \$50.00	Local Dues Student (unlicensed SN \$15.00		Local amount	
Lifetime Local Dues or become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period.							od.	Lifetime amount \$		
							TOTAL AMOUNT	DUE	\$	
				METHO	OF PAYI	MENT:				
□ Check	□ Mon	☐ Money Order ☐		VISA		Card	Expiration Date:/_		Sec. Code:	
Account #:							1		1	
Signature:										

THANK YOU FOR YOUR INTEREST IN NBNA