| NTIMAL BLACK NURSES ASSOCIATION, INC.       2021 RENEWAL MEMBERSHIP APPLICATION<br>NBNA 50 x 50 Campaign         Atlanta Black Nurses Association (8)<br>Arkeelaua Henderson, President       NBNA 50 x 50 Campaign         PO Box 87117<br>College Park, GA 30337<br>Chapter Email: atlantablacknurses@gmail.com       NBNA 50 x 50 Campaign |   |         |                                |                            |  |   |   |  |            |                      |
|---|---|---------|--------------------------------|----------------------------|--|---|---|--|------------|----------------------|
| Renewing Lifetime member, year you joined:  |   |         |                                |                            |  |   |   |  |            |                      |
| Please type or <u>write legibly</u> , this information must be readable.  |   |         |                                |                            |  |   |   |  |            |                      |
|   |   |         |                                |                            |  |   |   |  |            |                      |
|   | LPN/LVN Retired men                       |         |                                |                            | mber I 1 <sup>st</sup> Year Grad Student |   |   |  |            |                      |
|   |   |         |                                |                            |  |   |   |  |            |                      |
| Address:  |   |         |                                |                            |  |   |   |  |            |                      |
| City/State/Zip Code:  |   |         |                                |                            |  |   |   |  |            |                      |
| Phone:  |   |         |                                |                            | E-Mail:                                  |   |   |  |            |                      |
|   |   |         |                                |                            |  |   |   |  |            |                      |
| Nursing License #:     State:   |   |         |                                |                            |  |   |   |  |            |                      |
| Work Affiliation:   |   |         |                                |                            |  |   |   |  |            |                      |
| Recruited by:   |   |         |                                |                            |  |   |   |  |            |                      |
| EXPERIENCE IN NURSING   | PRIMARY WORK SE                           | TING    | PRIMAR                         |                            | E  | HIGHE   | ST DEGREE HELD                            | NOTE:  | Your respo | onses for age        |
| 1. Less than 2 years  | 1. Private Non-Profit Hospital            |         | 1. Adm/Dir./VP of Nurs         |                            |  | 1. Associate Degree                                     |   | NOTE: Your responses for age<br>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. Assistant Nurse Manager |  | 3. Another Baccalaureate                                |   |  |            | 6. 45-49             |
| 4. 11 - 15 years  | Hospital                                  |         | 4. Adv Practice Nurse          |                            |  | 4. Master's in Nursing<br>5. Another Master's           |   |  |            | 7.50-54              |
| 5. 16 - 20 years<br>6. More than 20 years   | 0 0                                       |         | 5. Researcher<br>6. Consultant |                            |  | 6. Doctorate in Nursing                                 |   | 4.35   |            | 8. 55.59<br>9. 60-64 |
| LEVEL OF CARE PROVIDED  |   |         | 7. Educator                    |                            |  | Other:  |   | 5. 40  |            | 10. 65 plus          |
| 1. In-patient   |   |         | 8. Case Manager                |                            |  | PROFESSIONAL ORGANIZATION                               |   |  | ANNUAL S   |                      |
| 2. Out-patient Ambulatory   |   |         | 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   | ,,,,                                      |         | 11. Professor                  |                            |  | 2. American Association of Critical                     |   | 3. \$30,000 - \$39,999   |            |                      |
| 5. Residential  |   |         |                                | 2. Associate Professor     |  | Care Nurses   |   | 4. \$40,000 - \$49,999   |            |                      |
| 6. Rehabilitative   | 0   |         | 13. Assistant Professor        |                            |  | 3. National League for Nursing                          |   | 5. \$50,000 - \$59,999   |            |                      |
| NURSE PROFILE<br>1. ANA Certified   | Nursing Specialty, i.e., ER, OR 14. Staff |         |                                |                            |  | 4. Chi Eta Phi<br>5. American Public Health Association |   | 6. \$60,000 - \$69,999<br>7. \$70,000 - \$79,999                     |            |                      |
| 2. Generalist (RN, C)   | NURSING EMPLOYMENT 1. Female              |         |                                | 6. American Aca            |  |   | 8. \$80,000 - PLUS                        |  |            |                      |
| 3. Specialist (RN, CS)  | 1. Full-time 3. Retired 2. Male           |         |                                | 7. Other:                  |  | active of real only                                     |   |  |            |                      |
| 4. Prescriptive Authority   | 2. Part-time 4. Unemp                     |         | -                              |                            |  |   |   |  |            |                      |
| Dues Struc  | cture: NATIONAL and                       | 1 L O C | CAL DUES bot                   | h Mu                       | st be                                    | e Paid in FUL   | L to be a Member                          | in God   | od Stand   | ling                 |
| National Dues<br>RN - \$160.00  | National Dues<br>LPN/LVN - \$125.00       |         |                                |                            | tional Dues<br>Year Grad - \$150.00      |   | National Dues Stud<br>(unlicensed SN \$35 |  |            |                      |
| Local Dues  | Local Dues                                | Local   | ocal Dues Lo                   |                            | ocal Dues                                |   | Local Dues Studen                         | t  | ,          |                      |
| RN - \$50.00  | LPN/LVN - \$50.00                         |         |                                |                            |  | rad - \$50.00   | unlicensed SN \$00.                       |  |            |                      |
|   |   |         | +                              |                            |  |   |   |  | Ŧ          | amount               |
| Become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period plus \$50.00 for Local Dues.   |   |         |                                |                            |  |   |   |  |            |                      |
| 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:  |   |         |                                |                            |  |   |   |  |            |                      |
|   |   |         |                                |                            |  |   |   |  |            |                      |