



# BIRMINGHAM BLACK NURSES ASSOCIATION, INC.

P.O. Box 13856 Birmingham, AL 35202 - [www.birminghambna.org](http://www.birminghambna.org)

Membership Application: [ ] New [ ] Renewal [ ] Lifetime \_\_\_\_\_  
(YEAR PAID)

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

Name:		Nursing Credentials:	
Address:	City:	State:	Zip:
Phone:	Fax:	E-Mail:	
Nursing License Number:		State:	
Recruited by:		How did you hear about NBNA?:	
If Student, indicate nursing school			

You must join a local Chapter and the National organization to be a member in good standing. The Chapter information and breakdown of membership fees is listed on the NBNA Website: [www.nbna.org](http://www.nbna.org). DUES PAYMENT: Please enclose remittance with your completed application. Checks or money orders should be made payable to your local chapter and mailed to the address located in the directory. If you are a DIRECT MEMBER, this is a member where there is no chapter in your area, send application and payment to NBNA. See address above.

**\*NOTE: A STUDENT (SN) IS AN UNLICENSED STUDENT IN A NURSING PROGRAM.**

**Member Profile: Please circle the appropriate response for the categories listed below:**

EXPERIENCE IN NURSING	PRIMARY ROLE	NURSE PROFILE	SEX
1. Less than 2 years	1. Administrator/Director/VP of Nursing	1. ANA Certified	1. Female 2. Male
2. 2 - 5 year	2. Head Nurse, Manager, Or Assistant Head Nurse	2. Generalist (RN, C)	PROFESSIONAL ORGANIZATION MEMBERSHIPS
3. 6 - 10 years	3. Staff Nurse	3. Specialist (RN, CS)	
4. 11 - 15 years	4. Advanced Practice Nurse	4. Prescriptive Authority	1. American Nurses Association
5. 16 - 20 years	5. Researcher	LEVEL OF CARE PROVIDED	2. American Association Of Critical Care Nurses
6. More than 20 years	6. Consultant	1. In-patient	3. National League of Nursing
PRIMARY WORK SETTING	7. Educator	2. Out-patient Ambulatory	4. Chi Eta Phi
1. Private Non-Profit Hospital	8. Case Manager	3. Public Health Department	5. American Public Health Association
2. Public/Federal Hospital	HIGHEST DEGREE HELD	4. Nursing Home	6. Other:
3. Private, Investor-Owned Hospital	1. Diploma	5. Residential	ANNUAL SALARY
4. School/College of Nursing	2. Associate Degree	6. Rehabilitative	
5. Independent/Private Practice	3. Baccalaureate in Nursing	<b>NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.</b>	2. \$20,000 - \$29,000
6. Military	4. Baccalaureate or Other		3. \$30,000 - \$39,999
7. Industry	5. Masters in Nursing	AGE RANGE	4. \$40,000 - \$49,999
8. Home Health Agency	6. Masters in Other	1. 20-24	5. \$50,000 - \$59,999
9. Behavioral Care Company/HMO	7. Doctorate in Nursing	2. 25-29	6. \$60,000 - \$69,999
10. Community Agency	8. Doctorate in Other	3. 30-34	7. \$70,000 - \$79,999
11. Academe	NURSING EMPLOYMENT	4. 35-39	8. \$80,000 plus
12. Research	1. Full-time	5. 40-44	
13. Nursing Home	2. Part-time	6. 45-49	
Nursing Specialty, i.e., ER, OR, Oncology:	3. Unemployed	7. 50-54	
	4. Retired	8. 55-59	
		9. 60-64	
		10. 65 PLUS	

### MEMBERSHIP CATEGORIES – PLEASE SELECT ONE

LIFETIME \$2,000 (Local Fee of \$25.00) It may be paid in \$500.00 installments four [4] times in one [1] year) Final payment due May 15 <sup>th</sup> in order to be printed in the Conference Program Book				National	\$
<input type="checkbox"/> RN/LPN/LVN National Fee \$175.00 Local Fee \$25.00	<input type="checkbox"/> *STUDENT National Fee \$45.00 Local Fee \$15.00	<input type="checkbox"/> 1 <sup>st</sup> YEAR GRAD National Fee \$100.00 Local Chapter \$25.00	<input type="checkbox"/> RETIRED National Fee \$100.00 Local Chapter \$25.00	Chapter	\$
MasterCard or VISA Account #:			Exp. Date	Sec. Code	TOTAL \$

**THANK YOU FOR JOINING BBNA!**