



**Membership Application**  
**Birmingham Black Nurses Association, Inc.**  
 P.O. Box 13856 Birmingham, AL 35202  
[www.birminghambna.org](http://www.birminghambna.org)

Please circle one:  
**RENEWAL MEMBER**  
 \_\_\_\_\_  
**NEW MEMBER**  
 \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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			

Dues: Please enclose remittance with your completed application. Checks or money orders should be made payable to the local chapter or NBNA. You must join your local Chapter and the National organization.

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

Chapter information is enclosed, mail application and dues to the Chapter. If there is no Chapter in your area, you may become a direct member and mail your dues to the NBNA Office (see address above).

**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)	<b>PROFESSIONAL ORGANIZATION MEMBERSHIPS</b>	
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	<b>LEVEL OF CARE PROVIDED</b>		
6. More than 20 years	6. Consultant	1. In-patient	2. American Association Of Critical Care Nurses	
<b>PRIMARY WORK SETTING</b>		2. Out-patient Ambulatory	3. National League of Nursing	
1. Private Non-Profit Hospital	7. Educator	3. Public Health Department	4. Chi Eta Phi	
2. Public/Federal Hospital	8. Case Manager	4. Nursing Home	5. American Public Health Association	
3. Private, Investor-Owned Hospital	<b>HIGHEST DEGREE HELD</b>		6. Other:	
4. School/College of Nursing	1. Diploma	5. Residential	<b>ANNUAL SALARY</b>	
5. Independent/Private Practice	2. Associate Degree	6. Rehabilitative	1. UNDER \$20,000	
6. Military	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	
7. Industry	4. Baccalaureate or Other		3. \$30,000 - \$39,999	
8. Home Health Agency	5. Masters in Nursing		4. \$40,000 - \$49,999	
9. Behavioral Care Company/HMO	6. Masters in Other		5. \$50,000 - \$59,999	
10. Community Agency	7. Doctorate in Nursing	<b>AGE RANGE</b>		
11. Academe	8. Doctorate in Other	1. 20-24	6. 45-49	
12. Research	<b>NURSING EMPLOYMENT</b>		2. 25-29	7. 50-54
13. Nursing Home	1. Full-time	3. 30-34	8. 55-59	
Nursing Specialty, i.e., ER, OR, Oncology:	2. Part-time	4. 35-39	9. 60-64	
	3. Unemployed	5. 40-44	10. 65 PLUS	
	4. Retired			

**MEMBERSHIP CATEGORIES – PLEASE SELECT ONE**

LIFETIME \$2,000 (may be paid in \$500.00 installments four [4] times in one [1] year)				National	\$
<input type="checkbox"/> RN/LPN/LVN <input type="checkbox"/> \$175.00	<input checked="" type="checkbox"/> *STUDENT <input type="checkbox"/> \$50.00	<input type="checkbox"/> 1 <sup>st</sup> YEAR GRAD <input type="checkbox"/> \$100.00	<input type="checkbox"/> RETIRED <input type="checkbox"/> \$100.00	Chapter	\$
MasterCard or VISA Account #:			Exp. Date	Sec. Code	<b>TOTAL</b> \$

**THANK YOU FOR JOINING BBNA!**