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| Shape  Description automatically generated with medium confidence | **2025 NEW/RENEWAL MEMBERSHIP APPLICATION**  ***Date of application\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_****\_\_\_\_\_\_*** |
|  ***Date of Birth* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****Columbus BNA***Janice SmithPO Box 328605Columbus**,** OH43232 **Chapter Phone #:** 614-470-2526 **Chapter Email:** cbna.ohio@gmail.com **❑ New ❑ Renewing Year you became a Lifetime Member \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| You can complete the paper application or go to [www.nbna.org](http://www.nbna.org), under the Membership tab, there is a dropdown list, locate the Chapter Directory for the chapter you would like to be activity with and review their pay structure. Complete an online application by creating your username, password and following the directions, pay the amount due and click submit. **❑ RN ❑ LPN/LVN ❑ Retired member ❑ 1st Year Grad ❑ Student** **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address:** |
| **City/State/Zip Code:** |
| **Cell/Phone:** | **E-Mail:** |
| **Nursing License #:** | **State:** |
| **Work Affiliation:** |
| **Recruited by:**  |

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| **EXPERIENCE IN NURSING** | **PRIMARY WORK SETTING** | **PRIMARY ROLE** | **HIGHEST DEGREE HELD** | ***NOTE: Your responses for age*** |
| 1. Less than 2 years  | 1. 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. Baccalaureate in Nursing |  **AGE RANGE** |
| 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. Clinical Doctorate  | 4. 35-39 9. 60-64 |
| **LEVEL OF CARE PROVIDED** | 6. Military | 7. Nurse Educator | 7. Research Doctorate  | 5. 40-44 10. 65 plus  |
| In-patient | 7. Industry | 8. Case Manager | **PROFESSIONAL ORGANIZATION** |  **ANNUAL SALARY** |
| Out-patient Ambulatory | 8. Home Health Agency | 9. Entrepreneur  | **MEMBERSHIP** | UNDER $20,000 |
| Public Health Department | 9. Behavioral Care Company/HMO | 10. CRNA | 1. American Nurses Association | 2. $20,000 - $39,999 |
| Nursing Home | 10. Community Agency | 11. Professor | 2. American Association of Critical | 3. $40,000 - $59,999 |
| Residential | 11. Research | 12. Associate Professor |  Care Nurses | 4. $60,000 - $79,999 |
| Rehabilitative | 12. Nursing Home | 13. Assistant Professor | 3. National League for Nursing | 5. $80,000 - $99,999 |
| **NURSE PROFILE** | ***Nursing Specialty, i.e., ER, OR*** | 14. Staff Nurse | 4. Chi Eta Phi | 6. $100,000 - $119,999 |
| 1. ANA Certified |  |  **GENDER** | 5. American Public Health Association | 7. $120,000 - $139,999 |
| 2. Generalist (RN, C) | **NURSING EMPLOYMENT** | 1. Female | 6. American Academy of Nursing | 8. $140,000 - PLUS |
| 3. Specialist (RN, CS) | 1. Full-time 3. Retired | 2. Male | Other: |  |
| 4. Prescriptive Authority | 2. Part-time 4. Unemployed | 3, Non-Binary |

***Dues Structure: NATIONAL and LOCAL DUES both Must be Paid in FULL to be a Member in Good Standing***

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| **National Dues** **RN - $160.00** | **National Dues** **LPN/LVN - $125.00** | **National Dues** **Retired - $100.00** | **National Dues****1st Year Grad RN - $150.00****1st Year Grad LPN/LVN - $115.00** | **National Dues Student****(Unlicensed SN $35.00)** | **National Dues amount****$** |
| **Local Dues** **RN - $50** | **Local Dues** **LPN/LVN - $50** | **Local Dues** **Retired - $50** | **Local Dues****1st Year Grad RN/LPN/LVN - $50** | **Local Dues Student****(Unlicensed) $25**  | **Local Dues amount****$** |
|  | ***TOTAL AMOUNT DUE***  | **$** |
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| ***PAYMENT TYPE:*** |
| **❑ Check** | **❑ Money Order** | **❑ VISA** | **❑ Master Card** | **Expiration Date: \_\_\_\_/\_\_\_\_\_**  | **Sec. Code:** \_\_\_\_\_\_ |
| **Account #:** | **Signature:** |
| **Address for credit card if different from above:** |
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***THANK YOU FOR YOUR INTEREST IN NBNA***