|  |  |  |
| --- | --- | --- |
| **nbna** | **2019 MEMBERSHIP APPLICATION** | |
| **Greater Illinois Black Nurses Association (147)**  Jacinta Staples, President  1112 West Boughton Road  Bolingbrook, IL 60440  E-Mail: gibnassociation@gmail.com | | **NEW MEMBER ❑**  **RENEWING ❑**  **LIFETIME MEMBER ❑ \_\_\_\_\_\_\_ (year paid)** |
| **To complete an online membership, go to NBNA's website at** [**www.nbna.org**](https://nbna1-my.sharepoint.com/personal/elazenby_nbna1_onmicrosoft_com/Documents/Receipts/www.nbna.org)**, Membership tab, using the drop down box, locate the Membership Application, complete the information. The line for Chapter you are joining – select**  **Greater Illinois BNA and on the line – Who were you recruited by? Type in the person’s name** | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | | **Nursing Credentials:** | | | | | |  | | | | |
| **Address:** | | |  | | | | | | **City:** | | |  | | | **State:** |  | **Zip:** |  |
| **Phone:** | |  | | | **Cell:** |  | | | | | **E-Mail:** | | | | | | | |
| **Nursing License #:** | | | |  | | | **State:** | | |  | | | | | | | | |
| ***Students MUST forward directly to the chapter a letter on their school stationary, signed by the Nursing Administration official stating you are currently enrolled and that you do not have an LPN/LVN or RN License.*** | | | | | | | | | | | | | **Recruited by:** | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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/** | | | | | **1. ANA Certified** | | | | **1. Female 2. Male** | | |
| **2. 2 - 5 year** | | **VP of Nursing** | | | | | **2. Generalist (RN, C)** | | | |  | | |
| **3. 6 - 10 years** | | **2. Nurse Manager,** | | | | | **3. Specialist (RN, CS)** | | | | **PROF. ORGANIZATION** | | |
| **4. 11 - 15 years** | | **Assistant Nurse Manager** | | | | | **4. Prescriptive Authority** | | | | **MEMBERSHIPS** | | |
| **5. 16 - 20 years** | | **3. Nursing Supervisor** | | | | |  | | | | **1. American Nurses Assoc.** | | |
| **6. More than 20 years** | | **4. Advanced Practice Nurse** | | | | | **LEVEL OF CARE PROVIDED** | | | | **2. American Association** | | |
| **PRIMARY WORK SETTING** | | **5. Researcher** | | | | | **1. In-patient** | | | | **of Critical Care Nurses** | | |
| **1. Private Non-Profit Hospital** | | **6. Consultant** | | | | | **2. Out-patient Ambulatory** | | | | **3. National League of Nursing** | | |
| **2. Public/Federal Hospital**  **3. Private, Investor-Owned** | | **7. Educator**  **8. Case Manager** | | | | | **3. Public Health Department**  **4. Nursing Home** | | | | **4. Chi Eta Phi**  **5. American Public Health** | | |
| **Hospital** | | **9. RN** | | | | | **5. Residential** | | | | **Association** | | |
| **4. School/College of Nursing** | | **10 LPN/LVN** | | | | | **6. Rehabilitative** | | | | **6. American Academy of** | | |
| **5. Independent/Private Practice** | | **11. Staff** | | | | |  | | | | **Nursing** | | |
| **6. Military**  **7. Industry** | | **HIGHEST DEGREE HELD** | | | | | ***NOTE: Your responses to the following remain*** | | | | **7. Other:** | | |
| **8. Home Health Agency**  **9. Behavioral Care Company/HMO** | | **1. Associate Degree**  **2. Diploma** | | | | | ***confidential and will only be used in the aggregate for*** | | | |
| **10. Community Agency**  **11. Research** | | **3. Baccalaureate in Nursing**  **4. Other Baccalaureate** | | | | | ***membership profiles.*** | | | | **ANNUAL SALARY** | |
| **1. UNDER $20,000** | |
| **12. Nursing Home** | | **5. Master’s in nursing**  **6. Other Masters** | | | | | **AGE RANGE** | | | | **2. $20,000 - $29,000** | |
| **1. 20-24 6. 45-49** | | | | **3. $30,000 - $39,999** | |
| **Nursing Specialty*, i.e.,* ER, OR,** | | **7. Doctorate in Nursing** | | | | | **2. 25-29 7. 50-54** | | | | **4. $40,000 - $49,999** | |
| **Oncology:** | | **8. Other Doctorate** | | | | | **3. 30-34 8. 55-59** | | | | **5. $50,000 - $59,999** | |
|  | | **NURSING EMPLOYMENT** | | | | | **4. 35-39 9. 60-64** | | | | **6. $60,000 - $69,999** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **1. Full-time 3. Unemployed** | | | | | **5. 40-44 10. 65 PLUS** | | | | **7. $70,000 - $79,999** | |
|  | | **2. Part-time 4. Retired** | | | | |  | | | | **8. $80,000 plus** | |
| **Lifetime National Dues $2,000.00 plus local dues or**  **4 installments of $500.00 before May 18th** | **National Dues RN**  **$225.00** | | **National Dues LPN/LVN and Associate Member**  **$175.00** | **National Dues**  **RETIRED $112.50** | | | | **1st YEAR GRAD $150.00** | **National Dues**  **\*STUDENT**  **(unlicensed SN) $50.00** | | | **National**  **$** |
| **Local LT dues to chapter after initial LT payment $50.00 Each year** | **Local Dues RN**  **$50.00** | | **Local Dues LPN/LVN and Associate Member**  **$50.00** | **Local Dues**  **RETIRED**  **$50.00** | | | | **1st YEAR GRAD Local Dues $50.00** | **\*STUDENT (unlicensed)**  **Local Dues**  **$10.00** | | | **Local**  **$** |
| ***Method of Payment:*** | | | | | ***TOTAL AMOUNT ENCLOSED*** | | | | | | | **$** | |
| **[ ] Check [ ] Money Order [ ] VISA [ ] MasterCard** | | | | | | | | | | | | | |
| **Account #:** | | | | | | **Exp. Date:** | | | | **Sec. Code:** | | | |
| **Signature:** | | | | | | | | | | | | | |