



NATIONAL BLACK NURSES ASSOCIATION 2016 ANNUAL MEMBERSHIP RENEWAL DUES FORM

Black Nurses Association of Greater Washington DC Area (4)

Sonia Swayze, President
PO Box 55285
Washington, District of Columbia 20040
Ph: (202) 291-8866; E-Mail: contactus@bnaofgwdc.org

NEW MEMBER
RENEWING
LIFETIME MEMBER _____ (year paid)

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

Name:		Nursing Credentials:	
Address:		City:	State: Zip:
Phone:	Cell:	E-Mail:	
Nursing License #:		State:	
If Student, indicate nursing school			
Recruited by:		Release my contact information to the membership: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please update your Profile: Circle the appropriate response for the categories listed below:

<p>EXPERIENCE IN NURSING</p> <ol style="list-style-type: none"> 1. Less than 2 years 2. 2 - 5 year 3. 6 - 10 years 4. 11 - 15 years 5. 16 - 20 years 6. More than 20 years <p>PRIMARY WORK SETTING</p> <ol style="list-style-type: none"> 1. Private Non-Profit Hospital 2. Public/Federal Hospital 3. Private, Investor-Owned Hospital 4. School/College of Nursing 5. Independent/Private Practice 6. Military 7. Industry 8. Home Health Agency 9. Behavioral Care Company/HMO 10. Community Agency 11. Research 12. Nursing Home <p>Nursing Specialty, <i>i.e.</i>, ER, OR, Oncology:</p>	<p>PRIMARY ROLE</p> <ol style="list-style-type: none"> 1. Administrator/Director/VP of Nursing 2. Nurse Manager, Assistant Nurse Manager 3. Nursing Supervisor 4. Advanced Practice Nurse 5. Researcher 6. Educator 7. Case Manager 8. RN 9. LPN/LVN 10. Staff <p>HIGHEST DEGREE HELD</p> <ol style="list-style-type: none"> 1. Associate Degree 2. Diploma 3. Baccalaureate in Nursing 4. Other Baccalaureate 5. Masters in Nursing 6. Other Masters 7. Doctorate in Nursing 8. Other Doctorate <p>NURSING EMPLOYMENT</p> <table border="0" style="width: 100%;"> <tr> <td>1. Full-time</td> <td>3. Unemployed</td> </tr> <tr> <td>2. Part-time</td> <td>4. Retired</td> </tr> </table>	1. Full-time	3. Unemployed	2. Part-time	4. Retired	<p>NURSE PROFILE</p> <ol style="list-style-type: none"> 1. ANA Certified 2. Generalist (RN, C) 3. Specialist (RN, CS) 4. Prescriptive Authority <p>LEVEL OF CARE PROVIDED</p> <ol style="list-style-type: none"> 1. In-patient 2. Out-patient Ambulatory 3. Public Health Department 4. Nursing Home 5. Residential 6. Rehabilitative <p>AGE RANGE</p> <table border="0" style="width: 100%;"> <tr> <td>1. 20-24</td> <td>6. 45-49</td> </tr> <tr> <td>2. 25-29</td> <td>7. 50-54</td> </tr> <tr> <td>3. 30-34</td> <td>8. 55-59</td> </tr> <tr> <td>4. 35-39</td> <td>9. 60-64</td> </tr> <tr> <td>5. 40-44</td> <td>10. 65 PLUS</td> </tr> </table> <p><i>NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.</i></p>	1. 20-24	6. 45-49	2. 25-29	7. 50-54	3. 30-34	8. 55-59	4. 35-39	9. 60-64	5. 40-44	10. 65 PLUS	<p>SEX</p> <ol style="list-style-type: none"> 1. Female 2. Male <p>PROF. ORGANIZATION MEMBERSHIPS</p> <ol style="list-style-type: none"> 1. American Nurses Assoc. 2. American Association of Critical Care Nurses 3. National League of Nursing 4. Chi Eta Phi 5. American Public Health Association 6. American Academy of Nursing 7. Other: <p>ANNUAL SALARY</p> <ol style="list-style-type: none"> 1. UNDER \$20,000 2. \$20,000 - \$29,000 3. \$30,000 - \$39,999 4. \$40,000 - \$49,999 5. \$50,000 - \$59,999 6. \$60,000 - \$69,999 7. \$70,000 - \$79,999 8. \$80,000 plus
1. Full-time	3. Unemployed																
2. Part-time	4. Retired																
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5. 40-44	10. 65 PLUS																

National Dues Lifetime \$2,000.00	National Dues RN/LPN/LVN \$225.00	National Dues RETIRED \$112.50	National Dues 1 st YEAR GRAD \$150.00	National Dues *STUDENT (unlicensed SN) \$65.00	National Dues	\$
Local Dues Lifetime Reg \$50; RT \$20	Local Dues RN/LPN/LVN \$50.00	Local Dues RETIRED \$20.00	Local Dues 1 st YEAR GRAD \$25.00	Local Dues *STUDENT (unlicensed SN) \$10.00	Chapter Dues	\$

TOTAL AMOUNT ENCLOSED \$

Method of Payment:

Check
 Money Order
 VISA
 MasterCard

Account #:	Exp. Date:	Sec. Code:
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Signature: _____

THANK YOU FOR RENEWING YOUR MEMBERSHIP!!!