



# 2023 NEW/RENEWAL MEMBERSHIP APPLICATION

Date of application \_\_\_\_\_

Date of Birth \_\_\_\_\_

## First Coast BNA (Jacksonville)

Dr. Chelsa Fore

PO Box 40575

Jacksonville, FL 32203

Chapter Phone #: 904-612-8322 Chapter Email: fcbnajax@gmail.com

New

Renewing

Year you became a Lifetime Member \_\_\_\_\_

Please type or write legibly, submit your application directly to your chapter or complete your membership application online. Go to [www.nbna.org](http://www.nbna.org) create your username, password and complete your online profile, pay the amount due and click submit.

RN

LPN/LVN

Retired member

1<sup>st</sup> Year Grad

Student

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Cell/Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Nursing License #: \_\_\_\_\_

State: \_\_\_\_\_

Work Affiliation: \_\_\_\_\_

Recruited by: \_\_\_\_\_

EXPERIENCE IN NURSING	PRIMARY WORK SETTING	PRIMARY ROLE	HIGHEST DEGREE HELD	NOTE: Your responses for age and salary will remain confidential.
1. Less than 2 years	1. Private Non-Profit Hospital	1. Adm/Dir./VP of Nursing	1. Associate Degree	<b>AGE RANGE</b>
2. 2 - 5 year	2. Public/Federal Hospital	2. Nurse Manager	2. Baccalaureate in Nursing	
3. 6 - 10 years	3. Private, Investor-Owned Hospital	3. Assistant Nurse Manager	3. Another Baccalaureate	1. 20-24 6. 45-49
4. 11 - 15 years	4. School/College of Nursing	4. Adv Practice Nurse	4. Master's in Nursing	2. 25-29 7. 50-54
5. 16 - 20 years	5. Independent/Private Practice	5. Researcher	5. Another Master's	3. 30-34 8. 55-59
6. More than 20 years	6. Military	6. Consultant	6. Clinical Doctorate	4. 35-39 9. 60-64
<b>LEVEL OF CARE PROVIDED</b>	7. Industry	7. Nurse Educator	7. Research Doctorate	5. 40-44 10. 65 plus
In-patient	8. Home Health Agency	8. Case Manager	<b>PROFESSIONAL ORGANIZATION</b>	<b>ANNUAL SALARY</b>
Out-patient Ambulatory	9. Behavioral Care Company/HMO	9. Entrepreneur	<b>MEMBERSHIP</b>	UNDER \$20,000
Public Health Department	10. Community Agency	10. CRNA	1. American Nurses Association	2. \$20,000 - \$39,999
Nursing Home	11. Research	11. Professor	2. American Association of Critical Care Nurses	3. \$40,000 - \$59,999
Residential	12. Nursing Home	12. Associate Professor	3. National League for Nursing	4. \$60,000 - \$79,999
Rehabilitative	<b>NURSE PROFILE</b>	13. Assistant Professor	4. Chi Eta Phi	5. \$80,000 - \$99,999
1. ANA Certified	<b>Nursing Specialty, i.e., ER, OR</b>	14. Staff Nurse	5. American Public Health Association	6. \$100,000 - \$119,999
2. Generalist (RN, C)	<b>NURSING EMPLOYMENT</b>	<b>GENDER</b>	6. American Academy of Nursing	7. \$120,000 - \$139,999
3. Specialist (RN, CS)	1. Full-time 3. Retired	1. Female	Other:	8. \$140,000 - PLUS
4. Prescriptive Authority	2. Part-time 4. Unemployed	2. Male		
		3. Non-Binary		

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

National Dues RN - \$160.00	National Dues LPN/LVN - \$125.00	National Dues Retired - \$100.00	National Dues 1 <sup>st</sup> Year Grad - \$150.00	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 1 <sup>st</sup> Year Grad - \$0	Local Dues Student (Unlicensed) \$0	Local Dues amount \$
<b>TOTAL AMOUNT DUE</b>					<b>\$</b>

**NEW Lifetime Member - 4 installments of \$500.00 within a one-year period plus Local Dues with your first Lifetime installment.**

### PAYMENT TYPE:

Check     Money Order     VISA     Master Card    Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Sec. Code: \_\_\_\_\_

Account #: \_\_\_\_\_ Signature: \_\_\_\_\_

Address for credit card if different from above: \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN NBNA**