



## 2021 MEMBERSHIP APPLICATION

### NBNA 50 x 50 Campaign

**Midlands of South Carolina Black Nurses Association (179)**

**Lisa Davis, President**

1601 Greene Street  
 Columbia, South Carolina 29208  
 Chapter Email: [midscbna@gmail.com](mailto:midscbna@gmail.com)  
 Chapter Telephone #: (803) 386-1239

**Renewing**                       **Lifetime member, year you joined:** \_\_\_\_\_

**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) to complete a membership application.**

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

**RN**                       **LPN/LVN**                       **Retired member**                       **1<sup>st</sup> Year Grad**                       **Student**

**Address:**

**City/State/Zip Code:**

**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		
2. 2 - 5 year	2. Public/Federal Hospital	2. Nurse Manager	2. Baccalaureate in Nursing	<b>AGE RANGE</b>	
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. Doctorate in Nursing	4. 35-39	9. 60-64
<b>LEVEL OF CARE PROVIDED</b>	7. Industry	7. Educator	Other:	5. 40-44	10. 65 plus
1. In-patient	8. Home Health Agency	8. Case Manager	<b>PROFESSIONAL ORGANIZATION</b>	<b>ANNUAL SALARY</b>	
2. Out-patient Ambulatory	9. Behavioral Care Company/HMO	9. RN	<b>MEMBERSHIP</b>	1. UNDER \$20,000	
3. Public Health Department	10. Community Agency	10. LPN/LVN	1. American Nurses Association	2. \$20,000 - \$29,999	
4. Nursing Home	11. Research	11. Professor	2. American Association of Critical Care Nurses	3. \$30,000 - \$39,999	
5. Residential	12. Nursing Home	12. Associate Professor	3. National League for Nursing	4. \$40,000 - \$49,999	
6. Rehabilitative	<b>NURSE PROFILE</b>	13. Assistant Professor	4. Chi Eta Phi	5. \$50,000 - \$59,999	
1. ANA Certified	<b>Nursing Specialty, i.e., ER, OR</b>	14. Staff	5. American Public Health Association	6. \$60,000 - \$69,999	
2. Generalist (RN, C)	<b>NURSING EMPLOYMENT</b>	<b>SEX</b>	6. American Academy of Nursing	7. \$70,000 - \$79,999	
3. Specialist (RN, CS)	1. Full-time      3. Retired	1. Female	7. Other:	8. \$80,000 - PLUS	
4. Prescriptive Authority	2. Part-time      4. Unemployed	2. Male			

**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 amount \$
Local Dues RN - \$50.00	Local Dues LPN/LVN - \$50.00	Local Dues Retired - \$50.00	Local Dues 1 <sup>st</sup> Year Grad - \$25.00	Local Dues Student unlicensed SN \$25.00	Local amount \$
Lifetime Local Dues \$50.00	or become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period.				Lifetime amount \$
<b>TOTAL AMOUNT DUE</b>					<b>\$</b>

**METHOD OF PAYMENT:**

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

**Account #:**

**Signature:**

**THANK YOU FOR YOUR INTEREST IN NBNA**