



# 2023 NEW/RENEWAL MEMBERSHIP APPLICATION

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

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

## Midlands of South Carolina BNA

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Columbia, SC 29208

**Chapter Phone #:** 803-386-1239 **Chapter Email:** midscbna@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	3. Assistant Nurse Manager	3. Another Baccalaureate	
4. 11 - 15 years	Hospital	4. Adv Practice Nurse	4. Master's in Nursing	
5. 16 - 20 years	4. School/College of Nursing	5. Researcher	5. Another Master's	
6. More than 20 years	5. Independent/Private Practice	6. Consultant	6. Clinical Doctorate	
<b>LEVEL OF CARE PROVIDED</b>	6. Military	7. Nurse Educator	7. Research Doctorate	5. 40-44      10. 65 plus
	In-patient	7. Industry	8. Case Manager	<b>ANNUAL SALARY</b>
Out-patient Ambulatory	8. Home Health Agency	9. Entrepreneur	<b>PROFESSIONAL ORGANIZATION MEMBERSHIP</b>	
Public Health Department	9. Behavioral Care Company/HMO	10. CRNA	1. American Nurses Association	UNDER \$20,000
Nursing Home	10. Community Agency	11. Professor	2. American Association of Critical Care Nurses	2. \$20,000 - \$39,999
Residential	11. Research	12. Associate Professor	3. National League for Nursing	3. \$40,000 - \$59,999
Rehabilitative	12. Nursing Home	13. Assistant Professor	4. Chi Eta Phi	4. \$60,000 - \$79,999
<b>NURSE PROFILE</b>	<b>Nursing Specialty, i.e., ER, OR</b>	<b>GENDER</b>	5. American Public Health Association	5. \$80,000 - \$99,999
			6. American Academy of Nursing	6. \$100,000 - \$119,999
1. ANA Certified	<b>NURSING EMPLOYMENT</b>	1. Female	7. \$120,000 - \$139,999	7. \$120,000 - \$139,999
2. Generalist (RN, C)		2. Male	8. \$140,000 - PLUS	8. \$140,000 - PLUS
3. Specialist (RN, CS)		3. Non-Binary	Other:	
4. Prescriptive Authority		1. Full-time      3. Retired		
	2. Part-time      4. Unemployed			

**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 - \$25	Local Dues Student (Unlicensed) \$25	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**