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|  | **2024 NYBNA NEW MEMBERSHIP &** **RENEWAL APPLICATION FORM**  |
| **New York Black Nurses Association (14)** **Dr. Theresa Lundy, President**PO Box 3635, Grand Central StationNew York, New York 10163Ph: (718) 902-2131; E-Mail: info@nybna.org | **Date of Application\_\_\_\_\_\_\_\_** |
| **Please type or *write legibly*, this information must be readable*.*  Please submit your application directly to your local chapter****I am a: ❑ RN ❑ LPN ❑ Retired member ❑ 1st Year Grad ❑ Student ❑ Lifetime: Year joined: \_\_\_\_\_\_\_** **Year Joined NYBNA:\_\_\_\_\_\_\_\_\_****Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Renewing ❑ New ❑ Reclaimed**  |
| ***APPLICANT’S INFORMATION: Nursing Credentials:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****WORK AFFILIATION/SCHOOL ATTENDING* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address:** |  | **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Cell:**  |  | **E-Mail:** |
| **Nursing License #:** |  | **State:** |  |

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| **EXPERIENCE IN NURSING** | **PRIMARY WORK SETTING** | **PRIMARY ROLE** | **HIGHEST DEGREE HELD** | ***NOTE: Your responses for age*** |
| 1. Less than 2 years  | 1. Private Non-Profit Hospital | 1. Adm/Dir./VP of Nursing | 1. Associate Degree | ***and salary will remain confidential.*** |
| 2. 2 - 5 year | 2. Public/Federal Hospital | 2. Nurse Manager | 2. Baccalaureate in Nursing |  **AGE RANGE** |
| 3. 6 - 10 years | 3. Private, Investor-Owned | 3. Assistant Nurse Manager | 3. Another Baccalaureate | 1. 20-24 6. 45-49 |
| 4. 11 - 15 years |  Hospital | 4. Adv Practice Nurse | 4. Master’s in Nursing | 2. 25-29 7. 50-54  |
| 5. 16 - 20 years | 4. School/College of Nursing | 5. Researcher | 5. Another Master’s | 3. 30-34 8. 55.59 |
| 6. More than 20 years | 5. Independent/Private Practice | 6. Consultant | 6. Doctorate in Nursing | 4. 35-39 9. 60-64 |
| **LEVEL OF CARE PROVIDED** | 6. Military | 7. Educator | Other:  | 5. 40-44 10. 65 plus  |
| 1. In-patient
 | 7. Industry | 8. Case Manager | **PROFESSIONAL ORGANIZATION** |  **ANNUAL SALARY** |
| 1. Out-patient Ambulatory
 | 8. Home Health Agency | 9. RN | **MEMBERSHIP** | 1. UNDER $20,000
 |
| 1. Public Health Department
 | 9. Behavioral Care Company/HMO | 10. LPN/LVN | 1. American Nurses Association | 2. $20,000 - $29,999 |
| 1. Nursing Home
 | 10. Community Agency | 11. Professor | 2. American Association of Critical | 3. $30,000 - $39,999 |
| 1. Residential
 | 11. Research | 12. Associate Professor |  Care Nurses | 4. $40,000 - $49,999 |
| 1. Rehabilitative
 | 12. Nursing Home | 13. Assistant Professor | 3. National League for Nursing | 5. $50,000 - $59,999 |
| **NURSE PROFILE** | ***Nursing Specialty, i.e., ER, OR*** | 14. Staff | 4. Chi Eta Phi | 6. $60,000 - $69,999 |
| 1. ANA Certified |  |  **SEX** | 5. American Public Health Association | 7. $70,000 - $79,999 |
| 2. Generalist (RN, C) | **NURSING EMPLOYMENT** | 1. Female
 | 6. American Academy of Nursing | 8. $80,000 - PLUS |
| 3. Specialist (RN, CS) | 1. Full-time 3. Retired | 1. Male
 | 1. Other:
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| 4. Prescriptive Authority | 2. Part-time 4. Unemployed |  |  |  |

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

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|  ***RECRUITED BY:*** |
| **National Dues** **RN - $160.00 +**  | **National Dues** **LPN/LVN - $125.00 +** | **National Dues** **Retired - $100.00 +** | **National Dues** **1st Year Grad - $150.00 +** | **National Dues Student****(unlicensed SN $35.00)+** | **National amount****$**  |
| **Local Dues** **RN - $50.00 =$210.00** | **Local Dues** **LPN/LVN - $50.00=$175.00** | **Local Dues** **Retired - $25.00=$125.00** | **Local Dues 1st Year Grad** **$12.50=$162.50**  | **Local Dues Student****unlicensed SN $12.50=$47.50** | **Local amount** **$** |
| **Become a NEW Lifetime Member - 4 installments of $500.00 within a one-year period plus $50.00 for Local Dues** | **Lifetime amount****$** |
|  | ***TOTAL AMOUNT DUE***  | **$**  |
| ***METHOD OF PAYMENT:*** |
| **❑ Check** | **❑ Money Order** | **❑ Zelle/New York Black Nurses Association 917-855-8567** |  |  |
| **Signature:** |

***THANK YOU FOR YOUR INTEREST IN NBNA***