



2024 NEW/RENEWAL MEMBERSHIP APPLICATION

Date of application _____

Date of Birth _____

Columbus BNA

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New **Renewing** **Year you became a Lifetime Member** _____

You can complete the paper application or go to www.nbna.org, under the Membership tab, there is a dropdown list, locate the Chapter Directory for the chapter you would like to be activity with and review their pay structure. Complete an online application by creating your username, password and following the directions, pay the amount due and click submit.

RN **LPN/LVN** **Retired member** **1st 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 | |
| 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 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 |
| LEVEL OF CARE PROVIDED | 7. Industry | 7. Nurse Educator | 7. Research Doctorate | 5. 40-44 10. 65 plus |
| In-patient | 8. Home Health Agency | 8. Case Manager | PROFESSIONAL ORGANIZATION | ANNUAL SALARY |
| Out-patient Ambulatory | 9. Behavioral Care Company/HMO | 9. Entrepreneur | MEMBERSHIP | 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 | 13. Staff Nurse | 13. Assistant Professor | 4. Chi Eta Phi | 5. \$80,000 - \$99,999 |
| NURSE PROFILE | Nursing Specialty, i.e., ER, OR | GENDER | 5. American Public Health Association | 6. \$100,000 - \$119,999 |
| 1. ANA Certified | | 1. Female | 6. American Academy of Nursing | 7. \$120,000 - \$139,999 |
| 2. Generalist (RN, C) | NURSING EMPLOYMENT | 2. Male | Other: | 8. \$140,000 - PLUS |
| 3. Specialist (RN, CS) | 1. Full-time 3. Retired | 3. Non-Binary | | |
| 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

| National Dues RN - \$160.00 | National Dues LPN/LVN - \$125.00 | National Dues Retired - \$100.00 | National Dues 1 st Year Grad RN - \$150.00 1 st Year Grad LPN/LVN - \$115.00 | 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 st Year Grad RN/LPN/LVN - \$50 | Local Dues Student (Unlicensed) \$25 | Local Dues amount \$ |
| TOTAL AMOUNT DUE | | | | | \$ |

NEW Lifetime Member - 4 installments of \$ 750.00 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