

2020 MEMBERSHIP APPLICATION

NBNA 20 x 20 Campaign

Concerned Black Nurses of Central New Jersey (61)

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Each member must complete a separate membership application and submit both with payment at the same time.

									ion must be rea				
I am a: RN LPN Retired member 1st Year Grad Student Lifetime: Year joined:													
Name										_ _ F	Renewin	g 🖵 Ne	w
I am a: RN L	_PN □	Re	tired memb	oer 🗆	1st Year Grad	□ St	tude	nt	t				
Name										_ 🗆 N	lew 📮	Reclaim	ed
APPLICANT'S INFO	ORMA	TION	N: Nursing (Creden	tials:								
WORK AFFILIATIO	N:												
Address:						C	City:			State	ı	Zip:	
Phone:	Cell: E-Mail:												
Nursing License #:	:					State):						
EXPERIENCE IN NURSIN	NG	PRIM	IARY WORK SET	TTING	PRIMARY RO		HIGHEST DEGREE HELD			NOTE: Your responses for age			
1. Less than 2 years	1.	Private Non-Profit Hospital			1. Adm/Dir./VP of N	lursing	1. Associate Degree				and salary will remain confidential.		
2. 2 - 5 year	2.	. Public	c/Federal Hospita	pital 2. Nurse Manag		2. Ba			calaureate in Nursing		AGE RANGE		
3. 6 - 10 years	- 10 years 3. Pri		te, Investor-Owne	3. Assistant Nurse Manag		3. Another Baccalaureate				1. 20-24	6. 4	5-49	
4. 11 - 15 years	11 - 15 years			Hospital			4. Master's in Nursing				2. 25-29	7. 5	0-54
5. 16 - 20 years		4. School/College of Nursing			5. Researcher		5. Another Master's				3. 30-34	8. 5	5.59
6. More than 20 years		5. Independent/Private Practice			6. Consultant		6. Doctorate in Nursing				4. 35-39	9. 6	0-64
LEVEL OF CARE PROVIDED		6. Military			7. Educator		Other:				5. 40-44	10. 6	5 plus
1. In-patient		7. Industry			8. Case Manager		P	PROFESSIONAL ORGANIZATION			ANNUAL SALARY		
2. Out-patient Ambulatory		8. Home Health Agency			9. RN			MEMBERSHIP			1. UNDER \$20,000		
		9. Behavioral Care Company/ HMO			10. LPN/LVN		1. A	1. American Nurses Association			2. \$20,000 - \$29,999		
4. Nursing Home 10. Com		. Community Agency		11. Professor		2. American Association of Critical			;	3. \$30,000 - \$39,999			
5. Residential 11. Research		earch		12. Associate Profe		Care Nurses				4. \$40,000 - \$49,999			
6. Rehabilitative		12. Nursing Home			13. Assistant Professor		3. N	3. National League for Nursing			5. \$50,000 - \$59,999		
NURSE PROFILE		Nursing Specialty, i.e., ER, OR			14. Staff		4. C	4. Chi Eta Phi			6. \$60,000 - \$69,999		
1. ANA Certified			SEX		5. A	5. American Public Health Association			7. \$70,000 - \$79,999				
2. Generalist (RN, C)	NURSING EMPLOYMENT			1. Female	6. A	6. American Academy of Nursing			8. \$80,000 - PLUS				

3. Specialist (RN, CS	S)	1. Full-time 3. Retired			2. Male 7. Other:							
4. Prescriptive Author	ority	2. Part-time	4. Unem	nployed								
Dues	Structur	e: NATIONA	AL and L	OCAL	DUES bot	h Must be	Paid in FUL	L to be a Mer	nber in Go	od (Standing	
Regular Nationa Dues RN \$225.00	Dues RN		Regular National Dues LPN/LVN \$175.00		Regular National Dues Retired \$100.00		Regular National Dues 1st Year Grad \$150.00		onal t SN \$50.00)	Reg. National amount \$		
	USE TH	E COLUMN	S BELO	W ONL	LY IF YOU A	ARE RECR	UITING A NI	EW OR RECL	AIMED ME	ЕМВ	ER	
National Dues RN - \$160.00			National Dues LPN/LVN - \$125.00 Retired - \$100.00		National Dues 1st Year Grad - \$150.00		National Dues Student (unlicensed SN \$35.00)			National amount \$		
Local Dues RN - \$25.00		Local Dues	Local Retire	Dues d - \$25.00	Local Due	es irad - \$25.00	Local Dues Student unlicensed SN \$00.00			Local amount		
Lifetime Local D \$25.00	Oues	or become	a NEW L	ifetime	Member - 4 i	nstallments	of \$500.00 wi	thin a one-year	period.	Lif	etime amount	
								TOTAL AMOU	INT DUE	\$		
					METHO	D OF PAYN	IENT:	-		-		
□ Check	□ Mone	□ Money Order □		VISA		☐ Master Card		Expiration Date:/_			Sec. Code:	
Account #:								1				
Signature:												

THANK YOU FOR YOUR INTEREST IN NBNA