

**NATIONAL BLACK NURSES ASSOCIATION, INC.**  
 CENTRAL FLORIDA BLACK NURSES ASSOCIATION of Orlando, Inc.  
 P. O. Box 585142, Orlando, FL 32858

**Membership Application: [ ] New [ ] Renewal [ ] Lifetime** \_\_\_\_\_  
(YEAR PAID)

Please type or write legibly, this information must be readable.

Name:		Nursing Credentials:	
Address:		City:	State: Zip:
Phone:	Fax:	E-Mail:	
Nursing License Number:		State:	
Recruited by:		How did you hear about NBNA?	
If Student, indicate nursing school			

You must join a local Chapter and the National organization to be a member in good standing. The Local Chapter information and breakdown of membership fees is listed on the CFBNA Website: [www.cfbnaoforlando.org](http://www.cfbnaoforlando.org). DUES PAYMENT: Please enclose remittance with your completed application. Checks or money orders should be made payable to your local chapter and mailed to the address located in the directory. If you are a DIRECT MEMBER, this is a member where there is no chapter in your area, send application and payment to NBNA.

**\*NOTE: A STUDENT (SN) IS AN UNLICENSED STUDENT IN A NURSING PROGRAM.**

**Member Profile: Please circle the appropriate response for the categories listed below:**

EXPERIENCE IN NURSING	PRIMARY ROLE	NURSE PROFILE	SEX
1. Less than 2 years	1. Administrator/Director/ VP of Nursing	1. ANA Certified	1. Female 2. Male
2. 2 - 5 year	2. Nurse Manager,	2. Generalist (RN, C)	<b>PROFESSIONAL ORGANIZATION MEMBERSHIPS</b>
3. 6 - 10 years	3. Assistant Nurse Manager	3. Specialist (RN, CS)	
4. 11 - 15 years	4. Nursing Supervisor	4. Prescriptive Authority	
5. 16 - 20 years	5. Advanced Practice Nurse		
6. More than 20 years	6. Researcher	<b>LEVEL OF CARE PROVIDED</b>	1. American Nurses Association
<b>PRIMARY WORK SETTING</b>	7. Consultant	1. In-patient	2. American Association Of Critical Care Nurses
1. Private Non-Profit Hospital	8. Educator	2. Out-patient Ambulatory	3. National League of Nursing
2. Public/Federal Hospital	9. Case Manager	3. Public Health Department	4. Chi Eta Phi
3. Private, Investor-Owned Hospital	10. RN	4. Nursing Home	5. American Public Health Association
4. School/College of Nursing	11. LPN/LVN	5. Residential	6. American Academy of Nursing
5. Independent/Private Practice	12. Staff	6. Rehabilitative	7. Other:
6. Military	<b>HIGHEST DEGREE HELD</b>	<i>NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.</i>	<b>ANNUAL SALARY</b>
7. Industry	1. Associate Degree		1. UNDER \$20,000
8. Home Health Agency	2. Diploma		2. \$20,000 - \$29,000
9. Behavioral Care Company/HMO	3. Baccalaureate in Nursing		3. \$30,000 - \$39,999
10. Community Agency	4. Other Baccalaureate		4. \$40,000 - \$49,999
11. Academe	5. Masters in Nursing		5. \$50,000 - \$59,999
12. Research	6. Other Masters		6. \$60,000 - \$69,999
13. Nursing Home	7. Doctorate in Nursing		7. \$70,000 - \$79,999
Nursing Specialty, i.e., ER, OR, Oncology:	8. Other Doctorate	8. \$80,000 plus	
	<b>NURSING EMPLOYMENT</b>	<b>AGE RANGE</b>	
	1. Full-time	1. 20-24 6. 45-49	
	2. Part-time	2. 25-29 7. 50-54	
	3. Unemployed	3. 30-34 8. 55-59	
	4. Retired	4. 35-39 9. 60-64	
		5. 40-44 10. 65 PLUS	

**CHAPTER YOU ARE JOINING:** \_\_\_\_\_

LIFETIME \$2,000 (may be paid in \$500.00 installments four [4] times in one [1] year) Final payment due May 15 <sup>th</sup> in order to be printed in the Conference Program Book				National	\$
National Fee RN/LPN/LVN \$225.00	National Fee RETIRED \$150.00	National Fee 1 <sup>st</sup> YEAR GRAD \$150.00	National Fee *STUDENT \$65.00 (unlicensed SN)	Chapter	\$20.00
MasterCard or VISA Account #: Signature:				Exp. Date	Sec. Code
				<b>TOTAL</b>	\$