



2015 ANNUAL MEMBERSHIP RENEWAL DUES FORM

Judith Clark, President
Central Florida Black Nurses Association
 PO Box 585142
 Orlando, FL 32808

NBNA Member – In order for your membership to be in good standing with National and your local chapter and to be included as a voting member, you must mail your dues directly to your local chapter by January 1, 2015

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

Name:		Nursing Credentials:	
Address:		City:	State: Zip:
Phone:	Cell:	E-Mail:	
Nursing License #:		State:	
If Student, indicate nursing school			

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

<p>EXPERIENCE IN NURSING</p> <ol style="list-style-type: none"> 1. Less than 2 years 2. 2 - 5 year 3. 6 - 10 years 4. 11 - 15 years 5. 16 - 20 years 6. More than 20 years <p>PRIMARY WORK SETTING</p> <ol style="list-style-type: none"> 1. Private Non-Profit Hospital 2. Public/Federal Hospital 3. Private, Investor-Owned Hospital 4. School/College of Nursing 5. Independent/Private Practice 6. Military 7. Industry 8. Home Health Agency 9. Behavioral Care Company/HMO 10. Community Agency 11. Academe 12. Research 13. Nursing Home <p>Nursing Specialty, <i>i.e.</i>, ER, OR, Oncology:</p> <p>_____</p>	<p>PRIMARY ROLE</p> <ol style="list-style-type: none"> 1. Administrator/Director/VP of Nursing 2. Nurse Manager, Assistant Nurse Manager 3. Nursing Supervisor 4. Advanced Practice Nurse 5. Researcher 6. Consultant 7. Educator 8. Case Manager 9. RN 10. LPN/LVN 11. Staff <p>HIGHEST DEGREE HELD</p> <ol style="list-style-type: none"> 1. Associate Degree 2. Diploma 3. Baccalaureate in Nursing 4. Other Baccalaureate 5. Masters in Nursing 6. Other Masters 7. Doctorate in Nursing 8. Other Doctorate <p>NURSING EMPLOYMENT</p> <table style="width: 100%; border: none;"> <tr> <td>1. Full-time</td> <td>3. Unemployed</td> </tr> <tr> <td>2. Part-time</td> <td>4. Retired</td> </tr> </table>	1. Full-time	3. Unemployed	2. Part-time	4. Retired	<p>NURSE PROFILE</p> <ol style="list-style-type: none"> 1. ANA Certified 2. Generalist (RN, C) 3. Specialist (RN, CS) 4. Prescriptive Authority <p>LEVEL OF CARE PROVIDED</p> <ol style="list-style-type: none"> 1. In-patient 2. Out-patient Ambulatory 3. Public Health Department 4. Nursing Home 5. Residential 6. Rehabilitative <p><i>NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.</i></p> <p>AGE RANGE</p> <table style="width: 100%; border: none;"> <tr> <td>1. 20-24</td> <td>6. 45-49</td> </tr> <tr> <td>2. 25-29</td> <td>7. 50-54</td> </tr> <tr> <td>3. 30-34</td> <td>8. 55-59</td> </tr> <tr> <td>4. 35-39</td> <td>9. 60-64</td> </tr> <tr> <td>5. 40-44</td> <td>10. 65 PLUS</td> </tr> </table>	1. 20-24	6. 45-49	2. 25-29	7. 50-54	3. 30-34	8. 55-59	4. 35-39	9. 60-64	5. 40-44	10. 65 PLUS	<p>SEX</p> <p>1. Female 2. Male</p> <p>PROF. ORGANIZATION MEMBERSHIPS</p> <ol style="list-style-type: none"> 1. American Nurses Assoc. 2. American Association of Critical Care Nurses 3. National League of Nursing 4. Chi Eta Phi 5. American Public Health Association 6. American Academy of Nursing 7. Other: _____ <p>ANNUAL SALARY</p> <ol style="list-style-type: none"> 1. UNDER \$20,000 2. \$20,000 - \$29,000 3. \$30,000 - \$39,999 4. \$40,000 - \$49,999 5. \$50,000 - \$59,999 6. \$60,000 - \$69,999 7. \$70,000 - \$79,999 8. \$80,000 plus
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2. Part-time	4. Retired																
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Lifetime National Dues \$2,000.00	National Dues RN/LPN/LVN \$225.00	National Dues RETIRED \$112.50	National Dues 1 st YEAR GRAD \$150.00	National Dues *STUDENT \$65.00 (unlicensed SN)	National	\$
Lifetime Local Dues \$20.00	Local Dues RN/LPN/LVN \$20.00	Local Dues RETIRED \$20.00	Local Dues 1 st YEAR GRAD \$20.00	Local Dues *STUDENT \$20.00 (unlicensed SN)	Chapter	\$

Method of Payment:	TOTAL AMOUNT ENCLOSED	\$
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		

Account #:	Exp. Date:	Sec. Code:
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Signature: _____

THANK YOU FOR RENEWING YOUR MEMBERSHIP!!