



2023 NEW/RENEWAL MEMBERSHIP APPLICATION

Date of application _____

Date of Birth _____

Central Florida BNA of Orlando

Jennifer Sankey

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Orlando, FL 32858

Chapter Phone #: 407-476-6862 Chapter Email: cfbnaoflorlando@gmail.com;

☐ New

☐ Renewing

Year you became a Lifetime Member _____

Please type or write legibly, submit your application directly to your chapter or complete your membership application online. Go to www.nbna.org create your username, password and complete your online profile, 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 | AGE RANGE | | |
| 2. 2 - 5 year | 2. Public/Federal Hospital | 2. Nurse Manager | 2. Baccalaureate in Nursing | | | |
| 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. Clinical Doctorate | 4. 35-39 | 9. 60-64 | |
| LEVEL OF CARE PROVIDED | 6. Military | 7. Nurse Educator | 7. Research Doctorate | 5. 40-44 | 10. 65 plus | |
| In-patient | 7. Industry | 8. Case Manager | PROFESSIONAL ORGANIZATION | ANNUAL SALARY | | |
| Out-patient Ambulatory | 8. Home Health Agency | 9. Entrepreneur | MEMBERSHIP | UNDER \$20,000 | | |
| Public Health Department | 9. Behavioral Care Company/HMO | 10. CRNA | 1. American Nurses Association | 2. \$20,000 - \$39,999 | | |
| Nursing Home | 10. Community Agency | 11. Professor | 2. American Association of Critical | 3. \$40,000 - \$59,999 | | |
| Residential | 11. Research | 12. Associate Professor | Care Nurses | 4. \$60,000 - \$79,999 | | |
| Rehabilitative | 12. Nursing Home | 13. Assistant Professor | 3. National League for Nursing | 5. \$80,000 - \$99,999 | | |
| NURSE PROFILE | Nursing Specialty, i.e., ER, OR | 14. Staff Nurse | 4. Chi Eta Phi | 6. \$100,000 - \$119,999 | | |
| 1. ANA Certified | NURSING EMPLOYMENT | GENDER | 5. American Public Health Association | 7. \$120,000 - \$139,999 | | |
| 2. Generalist (RN, C) | | | 6. American Academy of Nursing | 8. \$140,000 - PLUS | | |
| 3. Specialist (RN, CS) | | | 1. Full-time | 3. Retired | 2. Male | Other: |
| 4. Prescriptive Authority | | | 2. Part-time | 4. Unemployed | 3. Non-Binary | |

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 - \$150.00 | National Dues Student (Unlicensed SN \$35.00) | National Dues amount \$ |
| Local Dues RN - \$40 | Local Dues LPN/LVN - \$40 | Local Dues Retired - \$40 | Local Dues 1 st Year Grad - \$40 | Local Dues Student (Unlicensed) \$30 | Local Dues amount \$ |
| | | | | TOTAL AMOUNT DUE | \$ |

NEW Lifetime Member - 4 installments of \$500.00 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