



# 2015 MEMBERSHIP APPLICATION

**[ 1 ] NEW**

**[ ] RENEWAL**

**[ ] LIFETIME MEMBER** year joined or joining \_\_\_\_\_

**Dr. Nellie Prudhomme, President**  
**Acadiana Black Nurses Association**  
**PO Box 93111**  
**Lafayette, LA 70509**

**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 need to mail your dues directly to your local chapter by January 1, 2015**

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

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

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

LIFETIME \$2,000 (may be paid in \$500.00 installments four [4] times in one [1] year)  
Final payment due May 29th in order to be printed in the Conference Program Book

<b>National Fee</b> RN/LPN/LVN \$275.00	<b>National Fee</b> RETIRED \$112.50	<b>National Fee</b> 1 <sup>st</sup> YEAR GRAD \$150.00	<b>National Fee</b> *STUDENT \$65.00 (unlicensed SN)	<b>National</b>	\$ _____
<b>Local Fee</b> RN/LPN/LVN \$50.00	<b>Local Fee</b> RETIRED \$50.00	<b>Local Fee</b> 1 <sup>st</sup> YEAR GRAD \$50.00	<b>Local Fee</b> *STUDENT \$00.00 (unlicensed SN)	<b>Chapter</b>	\$ _____
<b>Method of Payment:</b>			<b>TOTAL AMOUNT ENCLOSED</b>		
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	\$ _____			
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	Exp. Date: _____	Sec. Code: _____		
Account #: _____					
Signature: _____					

**THANK YOU FOR RENEWING YOUR MEMBERSHIP**

