



## 2024 NEW/RENEWAL MEMBERSHIP APPLICATION

Date of application \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Concerned BN of Central Savannah River Area

Casandra Rainge  
PO Box 204228  
Augusta, GA 30907

Chapter Phone #: 706-799-7062 Chapter Email: cbnofcsra@gmail.com

☐ New

☐ Renewing

Year you became a Lifetime Member \_\_\_\_\_

You can complete the paper application or go to [www.nbna.org](http://www.nbna.org), under the Membership tab, there is a dropdown list, locate the Chapter Directory for the chapter you would like to be activity with and review their pay structure. Complete an online application by creating your username, password and following the directions, pay the amount due and click submit.

☐ RN

☐ LPN/LVN

☐ Retired member

☐ 1<sup>st</sup> 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	1. 20-24	6. 45-49
3. 6 - 10 years	3. Private, Investor-Owned Hospital	3. Assistant Nurse Manager	3. Another Baccalaureate	2. 25-29	7. 50-54
4. 11 - 15 years	4. School/College of Nursing	4. Adv Practice Nurse	4. Master's in Nursing	3. 30-34	8. 55-59
5. 16 - 20 years	5. Independent/Private Practice	5. Researcher	5. Another Master's	4. 35-39	9. 60-64
6. More than 20 years	6. Military	6. Consultant	6. Clinical Doctorate	5. 40-44	10. 65 plus
LEVEL OF CARE PROVIDED				ANNUAL SALARY	
In-patient	7. Industry	7. Nurse Educator	7. Research Doctorate	MEMBERSHIP	
Out-patient Ambulatory	8. Home Health Agency	8. Case Manager		UNDER \$20,000	
Public Health Department	9. Behavioral Care Company/HMO	9. Entrepreneur		1. American Nurses Association	
Nursing Home	10. Community Agency	10. CRNA		2. \$20,000 - \$39,999	
Residential	11. Research	11. Professor		3. \$40,000 - \$59,999	
Rehabilitative	12. Nursing Home	12. Associate Professor		4. \$60,000 - \$79,999	
NURSE PROFILE	Nursing Specialty, i.e., ER, OR			5. \$80,000 - \$99,999	
1. ANA Certified		14. Staff Nurse		6. \$100,000 - \$119,999	
2. Generalist (RN, C)				7. \$120,000 - \$139,999	
3. Specialist (RN, CS)				8. \$140,000 - PLUS	
4. Prescriptive Authority					
				TOTAL AMOUNT DUE	

**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 <sup>st</sup> Year Grad RN - \$150.00 1 <sup>st</sup> Year Grad LPN/LVN - \$115.00	National Dues Student (Unlicensed SN \$35.00)	National Dues amount \$
Local Dues RN - \$40.00	Local Dues LPN/LVN - \$40.00	Local Dues Retired - \$40.00	Local Dues 1 <sup>st</sup> Year Grad RN/LPN/LVN - \$40.00	Local Dues Student (Unlicensed) \$25.00	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. Effective 1 Jan 2024, Lifetime membership increases to \$3000**

### 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**