



Chicago Chapter National Black Nurses Association, Inc.

P.O. Box 4612 • Chicago, Illinois 60680-4612 • 773.792.7222

MEMBERSHIP APPLICATION FOR THE CHICAGO CHAPTER NATIONAL BLACK NURSES ASSOCIATION

Name: _____ Credentials: _____ Recruited By: _____
 Address: _____ City _____ State _____ Zip: _____
 Phone: () _____ Home Fax: () _____ E-Mail _____ Cell: () _____
 Employer Name: _____ Address: _____ City _____ ST _____ Zip: _____
 Phone: () _____ Fax: () _____ E-Mail _____ Pager: () _____
 Nursing License Number: _____ State: _____

If Student, Indicate Nursing School: _____

Dues: Please enclose remittance with your completed application. Checks or money orders should be made payable to CCBNA. Mail your application to CCBNA P.O. Box 4612 Chicago, IL 60680

MEMBERSHIP CATEGORIES - CHECK ONE

New Membership _____ Recruited by _____ Committee Preference _____
 Renewal _____ How many years have you been a member? (No lapses in membership) _____
 How did you hear about NBNA? _____

Member Profile:

Please Circle The Appropriate Response For The Categories Listed Below:

EXPERIENCE IN NURSING

1. Less than 2 years
2. 2 -5 years
3. 6-10 years
4. 11-15 years
5. 15-10 years
6. More than 20 years

PRIMARY WORK SETTING

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

PRIMARY ROLE

1. Administrator/Director/or VP of Nursing
2. Head Nurse, Manager, or Assistant Head Nurse
3. Staff Nurse
4. Advanced Practice Nurse
5. Researcher
6. Consultant
7. Educator
8. Case Manager

HIGHEST DEGREE HELD

1. Diploma
2. Associate Degree
3. Baccalaureate in Nursing
4. Baccalaureate or Other
5. Masters in Nursing
6. Masters in Other
7. Doctorate in Nursing
8. Doctorate in Other

NURSING EMPLOYMENT

1. Full-time
2. Part-time
3. Unemployed
4. Retired

NURSE PROFILE

1. ANA Certified
2. Generalist (RN, C)
3. ANA Certified
4. Specialist (RN, CS)
5. Prescriptive Authority

LEVEL OF CARE PROVIDED

1. In-patient
2. Out-patient Ambulatory
3. Public Health Department
4. Nursing Home
5. Residential
6. Rehabilitative

NOTE: Your responses to the following remain confidential and will only be used in the aggregate for membership profiles.

ANNUAL SALARY

1. Under \$20,000
2. \$20,000-\$29,999
3. \$30,000-\$39,999
4. \$40,000-\$49,999
5. \$50,000-\$59,999
6. \$60,000-\$69,000
7. \$70,000-\$79,999
8. \$80,000 plus

AGE RANGE

- | | |
|----------|-------------|
| 1. 20-24 | 7. 50-54 |
| 2. 25-29 | 8. 55-59 |
| 3. 30-34 | 9. 60-64 |
| 4. 35-39 | 10. 65 Plus |
| 5. 40-44 | |
| 6. 45-49 | |

SEX

1. Female
2. Male

PROFESSIONAL ORGANIZATION MEMBERSHIPS

1. American Nurses Association
2. American Association of Critical Care Nurses
3. National League of Nursing
4. Chi Eta Phi
5. American Public Health Association
6. Other: _____

DUES

RN/LPN	\$200.00
Students	40.00
Retired/Disabled	100.00
1st year graduates	125.00

Total \$ _____

**PLEASE PRINT A COPY OF THIS APPLICATION AND MAIL WITH CHECK TO CCBNA.
THANK YOU FOR JOINING CCBNA!**