2023 NEW/MEMBERSHIP APPLICATION

Please type or write legibly, this information must be readable. Name: RN	Edna M Hudson-Kinzey, MSN Ed, RN, President 3931 North 35th Street P.O. Box 16649 Milwaukee, WI 53216 Chapter Email: info@milwaukeenbna.org Chapter Website: milwaukeenbna.org											
Name:	☐ New ☐ Renewing ☐ Lifetime member, year you became a LT member:											
Address: City/State/Zip Code: Phone: Nursing License #: Work Affiliation: Recruited by: EXPERIENCE IN NURSING PRIMARY WORK SETTING PRIMARY ROLE HIGHEST DEGREE HELD NOTE: Your responses for age 1. Less that 2-years 1. Phote Nun-Prolif hospital 1. Adm/Dr //P of Nursing 1. Associate Degree and salary will remain confidential. 2. 2. 3. 5. 5. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Please type or w	rite legib	<i>ly</i> , this info	rmation must be re	eadable.							
Address: City/State/Zip Code: Phone: Nursing License #: Work Affiliation: Recruited by: EXPERIENCE IN NURSING PRIMARY WORK SETTING PRIMARY ROLE HIGHEST DEGREE HELD NOTE: Your responses for age 1. Less that 2-years 1. Phote Nun-Prolif hospital 1. Adm/Dr //P of Nursing 1. Associate Degree and salary will remain confidential. 2. 2. 3. 5. 5. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Name:				Credenti	als:						
City/State/Zip Code: Phone:		□ LPN/L	VN 🔲 R	letired member			udent					
Phone: State: St	Address:											
Nursing License #: State:	City/State/Zip Co	ode:										
Nursing License #: State:												
Work Affiliation: Recruited by:	Phone:					E-Mail:						
EXPERIENCE IN NURSING	Nursing License #: State:											
EXPERIENCE IN NURSING	Work Affiliation:											
EXPERIENCE IN NURSING PRIMARY WORK SETTING PRIMARY ROLE HIGHEST DEGREE HELD NOTE: Your responses for age												
1. Less than 2 years 2. Public-Federal Hospital 2. Augmonth Hospital 3. Associate Degree 2. 1. Public Appears Hospital 3. 6. 10 years 3. Public Federal Hospital 4. Adv Practice Nurse 3. 6. 10 years 3. Public Protect Nurse 3. Assistant Nurse Manager 4. Adv Practice Nurse 4. Adv Practice Nurse 4. Adv Practice Nurse 4. Adv Practice Nurse 5. Another Master's 3. 3.0-34 6. 54-9 7. 50-54 6. 16-20 years 4. School/College of Nursing 5. Researcher 5. Another Master's 3. 3.0-34 6. 55.59 6. More than 20 years 5. Independent/Private Practice 6. Consultant 6. Doctorate in Nursing 4. 35-39 9. 60-64 6. More than 20 years 7. Educator 7. Educator 7. Educator 7. Educator 7. Industry 8. Case Manager 8. Case Manager 8. Case Manager 8. PROFESSIONAL ORGANIZATION 8. ANNUAL SALARY 9. Repetit Ambulatory 8. Home Health Agency 9. RN 8. Case Manager 9. PROFESSIONAL ORGANIZATION 8. NURSER SHOP 1. In-patient 9. Sehavioral Care Company/HMO 10. LPNL/NN 1. American Nurses Association 2. \$20,000 - \$29,999 9. R. Nursing Home 9. Sehavioral Care Company/HMO 10. LPNL/NN 1. American Nurses Association 2. \$20,000 - \$29,999 9. R. Residential 11. Research 12. Associate Professor 2. American Association 2. \$20,000 - \$39,999 9. R. Residential 11. Research 12. Associate Professor 2. American Association 2. \$20,000 - \$39,999 9. R. Residential 11. Research 12. Associate Professor 3. Aslorate Large for Mursing 5. \$50,000 - \$39,999 9. R. Residential 11. Research 12. Associate Professor 3. Aslorate Large for Mursing 5. \$50,000 - \$39,999 9. R. Residential 12. Associate Professor 3. Aslorate Large for Mursing 5. \$50,000 - \$39,999 9. R. Research 12. Associate Research 12. Associate Professor 3. Aslorate Large for Mursing 5. \$50,000 - \$39,999 9. R. Research 12. Associate		NUDCING	DDIM	ADV MODIZ SETTING	DDIMADV D	01.5	HIGHEST DECREE	UELD	NOTE:	Vous roomana far are		
2. 2. syear								HELD				
4. Adv Practice Nurse 5. 16 - 20 years 4. School/College of Nursing 5. Researcher 5. 16 - 20 years 6. More than 20 years 6. More than 20 years 7. Educator 7. Feducator 8. Doctorate in Nursing 7. Educator 8. Doctorate in Nursing 7. Educator 9. PROFESSIONAL ORGANIZATION 1. In-patient 1. In-patient 1. Professor 1. Number 20 years 9. Sease Manager 1. Number 20 years 1. Profession Nursing 1. Sease Manager 1. PROFESSIONAL ORGANIZATION 1. Number 20 years 1. Number 20 years 1. Number 20 years 1. Profession Nursing 1. Sease Manager 1. Number 20 years 1. Number 20 years 1. Number 20 years 2. Out-patient Ambulatory 3. Number 20 years 4. Years 4. Year 20 years 4. Years 4. Year 20 years 5. Years 5. And Years 5. And Years 5. And Years 5. And Years	2. 2 - 5 year		2. Public/Fe	deral Hospital	2. Nurse Manager		Baccalaureate in Nursing	reate in Nursing		AGE RANGE		
6. More than 20 years		,		nvestor-Owned								
6. More than 20 years 5. Independent/Private Practice 6. Consultant 6. Doctorate in Nursing 4. 35.39 9. 60.64 LEVEL OF CARE PROVIDED 6. Military 7. Educator Other: 5. 40-44 10. 65 plus 1. In-patient 7. Industry 8. Case Manager PROFESSIONAL ORGANIZATION ANNUAL SALARY 2. Out-patient Ambulatory 8. Home Health Agency 9. RN MEMBERSHIP 1. UNDER \$20,000 3. Public Health Department 9. Behavioral Care CompanyHMIO 10. LPNLVN 1. American Nassociation 2. \$20,000 × \$29.999 4. Nursing Home 10. Community Agency 11. Professor 2. American Association of Critical 3. \$30,000 × \$39.999 5. Residential 11. Research 12. Associate Professor 2. American Association of Critical 3. \$30,000 × \$39.999 6. Rehabilitative 12. Nursing Home 13. Assistant Professor 3. National League for Nursing 5. \$50,000 × \$39.999 8. NURSE PROFILE Nursing Specialty, i.e., ER, OR 14. Staff 4. Chit Early 5. American Public Health Association 7. \$70,000 × \$39.999 8. NURSE PROFILE Nursing Specialty, i.e., ER, OR 14. Staff 4. Chit Early 5. American Public Health Association 7. \$70,000 × \$39.999 8. Specialist (RN. C) NURSING EMPLOYMENT 1. Female 6. American Academy of Nursing 8. \$80,000 · \$99.999 9. Autional Dues (I. Full-lime 3. Retired 2. Male 7. Other: 7. Other: 7. Other: 7. Tother: 7. Tot				ollege of Nursing		е	Ü					
Level OF CARE PROVIDED 6. Military 7. Educator 7. Industry 8. Case Manager 7. PROFESSIONAL ORGANIZATION 7. Industry 8. Case Manager 7. Industry 7. Industr		rs										
1. In-patient							Š					
3. Public Health Department 9. Behavioral Care Company/HMO 10. LPNLVN 1. American Nurses Association 2. \$20.000 - \$29.999					8. Case Manager		PROFESSIONAL ORGANIZATION		ANNUAL SALARY			
A. Nursing Home												
1. Research		artment										
Second S			, , ,						3. \$30,000 - \$39,999 4. \$40,000 - \$49,999			
NURSE PROFILE Nursing Specialty, i.e., ER, OR 14. Staff SEX 5. American Public Health Association 7. \$70,000 - \$89,999 2. Generalts (RN, C) NURSING EMPLOYMENT 1. Female 8. American Academy of Nursing 8. \$80,000 - PLUS 3. Specialist (RN, CS) 1. Full-time 3. Retired 2. Male 7. Other: Dues Structure: NATIONAL and LOCAL DUES both Must be Paid in FULL to be a Member in Good Standing National Dues (RN - \$160) National Dues (LPN/LVN - \$125) National Dues (Retired - \$100) National Dues (Retired - \$100) Local Dues (LPN/LVN - \$50) Local Dues (LPN/LVN - \$50) Retired - \$50) Local Dues (Retired - \$50) Local Dues (LPN/LVN - \$50) Retired - \$500.00 within a one-year period plus \$50.00 for Local Dues. Payment Apps: CashApp - \$MilwaukeeChapterNBNA Zelle - (414) 617-3897 Paypal: info@milwaukeenbna.org METHOD OF PAYMENT: is the credit card associated with the address listed above, if NO type or write the address below Check Money Order Address: 4. Chi Eta Phi 5. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. \$70,000 - \$79,999 2. American Public Health Association 7. Other: 9. American Public Health Association 9. American Public Health Association 9. American Public Health Association 9. American Public Health As												
2. Generalist (RN, CS)		OFILE										
3. Specialist (RN, CS)	1. ANA Certified			•			5. American Public Health Association		7. \$70,000 - \$79,999			
## Prescriptive Authority 2. Part-time 4. Unemployed ## Dues Structure: NATIONAL and LOCAL DUES both Must be Paid in FULL to be a Member in Good Standing National Dues (RN - \$160) National Dues (LPN/LVN - \$125) National Dues (Retired - \$100) National Dues (Retired - \$100) National Dues (Local Dues (LPN/LVN - \$125) National Dues Student (Unlicensed SN \$35) National Dues (Affiliate \$0) Local Dues (LOCAL DUES (Retired - \$50) Local Dues (LOCAL DUES (Retired - \$50) National Dues Student (Unlicensed SN \$50) National Dues (National Dues (Affiliate \$0) **Descriptive Authority** National Dues (Affiliate \$0) National Dues (National Dues (Nationa							, ,		8. \$80,000 - PLUS			
Dues Structure: NATIONAL and LOCAL DUES both Must be Paid in FULL to be a Member in Good Standing National Dues (RN - \$160) National Dues (LPN/LVN - \$125) National Dues (Retired - \$100) National Dues (LPN/LVN - \$125) National Dues (Retired - \$100) National Dues (LPN/LVN - \$125) National Dues (LPN/LVN - \$125) National Dues (Affiliate \$0) National Dues (Affiliate \$0) National Dues Student (Unlicensed SN \$35) National Dues (Affiliate \$0)					2. Male		7. Other:					
National Dues (RN - \$160) National Dues (LPN/LVN - \$125) National Dues (Retired - \$100) National Dues (1st Year Grad - \$150) National Dues (Unlicensed SN \$35) National Dues (Affiliate \$0) National Dues (Local Dues (LPN/LVN - \$125) Local Dues (LPN/LVN - \$50) National Dues (Unlicensed SN \$35) National Dues (Affiliate \$0) National Dues (Unlicensed SN \$35) National Dues (Affiliate \$0) National Dues (Affiliate \$0) National Dues (Affiliate \$0) National Dues (Indicensed SN \$35) National Dues (,		' '	I DUEC hath M	uat ba	Doid in Elli I to be a !	lambar !	n C	l Ctandina		
(RN - \$160) (LPN/LVN - \$125) (Retired - \$100) (1st Year Grad - \$150) (Unlicensed SN \$35) (Affiliate \$0) \$ Local Dues (Local Dues (Retired - \$50) (1st Year Grad - \$50) (Unlicensed SN \$50) (Affiliate \$40) \$ Become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period plus \$50.00 for Local Dues. Payment Apps: CashApp - \$MilwaukeeChapterNBNA Zelle - (414) 617-3897 Paypal: info@milwaukeenbna.org TOTAL AMOUNT DUE METHOD OF PAYMENT: is the credit card associated with the address listed above, if NO type or write the address below Check Money Order VISA Master Card Expiration Date: Signature: Address:						ust be						
(RN - \$50) (LPN/LVN - \$50) (Retired - \$50) (1st Year Grad - \$50) (Unlicensed SN \$50) (Affiliate \$40) \$ Become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period plus \$50.00 for Local Dues. Payment Apps: CashApp - \$MilwaukeeChapterNBNA Zelle - (414) 617-3897 Paypal: info@milwaukeenbna.org METHOD OF PAYMENT: is the credit card associated with the address listed above, if NO type or write the address below Check Money Order VISA Master Card Expiration Date: Account #: Signature: Address:						3150)						
Become a NEW Lifetime Member - 4 installments of \$500.00 within a one-year period plus \$50.00 for Local Dues. Payment Apps: CashApp - \$MilwaukeeChapterNBNA Zelle - (414) 617-3897 Paypal: info@milwaukeenbna.org METHOD OF PAYMENT: is the credit card associated with the address listed above, if NO type or write the address below Check						550)						
CashApp - \$MilwaukeeChapterNBNA Zelle - (414) 617-3897 Paypal: info@milwaukeenbna.org		_ifetime M	lember - 4 i	nstallments of \$500).00 within a one-ye	ear peri	od plus \$50.00 for Local D	ues.				
METHOD OF PAYMENT: is the credit card associated with the address listed above, if NO type or write the address below □ Check □ Money Order □ VISA □ Master Card □ Expiration Date: / Sec. Code: Account #: Address:		keeChapter	NBNA Zelle -	– (414) 617-3897 <mark>Pa</mark> yp	al: info@milwaukeenb	na.org	TOTAL AMOUNT DUE		\$			
Account #: Signature: Address:							dress listed above, if N	O type o	r write	the address below		
Address:	□ Check	☐ Mone	ey Order	□ VISA	☐ Master C	ard	Expiration Date:/			Sec. Code:		
	Account #:					Signatu	ıre:					
	Address:											
				THANK Y	YOU FOR YO	UR II	NTEREST IN NBN	A				