



NATIONAL BLACK NURSES ASSOCIATION, INC.

2024 NEW/MEMBERSHIP APPLICATION

**Milwaukee Chapter National Black Nurses Association, Inc. (21)
Edna M Hudson-Kinzey, MSN Ed, RN, President**

12605 West North Avenue, P.O. Box 282, Brookfield, WI 53005

Chapter Email: info@milwaukeebna.org

Chapter Website: milwaukeebna.org

New Renewing Lifetime member, year you became a LT member: _____

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

Name: _____ Credentials: _____
 RN LPN/LVN Retired member 1st Year Grad Student Affiliate/Associate

Address: _____

City/State/Zip Code: _____

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		
2. 2 - 5 year	2. Public/Federal Hospital	2. Nurse Manager	2. Baccalaureate in Nursing	AGE RANGE	
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	4. 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. 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 Company/HMO	10. LPN/LVN	1. American Nurses Association	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	Care Nurses	4. \$40,000 - \$49,999	
6. Rehabilitative	12. Nursing Home	13. Assistant Professor	3. National League for Nursing	5. \$50,000 - \$59,999	
NURSE PROFILE	Nursing Specialty, i.e., ER, OR	14. Staff	4. Chi Eta Phi	6. \$60,000 - \$69,999	
1. ANA Certified		SEX	5. American Public Health Association	7. \$70,000 - \$79,999	
2. Generalist (RN, C)	NURSING EMPLOYMENT	1. Female	6. American Academy of Nursing	8. \$80,000 - PLUS	
3. Specialist (RN, CS)	1. Full-time 3. Retired	2. Male	7. Other:		
4. 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 (1 st Year Grad - \$150)	National Dues Student (Unlicensed SN \$35)	National Dues (Affiliate/Associate \$0)	National Lifetime Dues \$ 3000
Local Dues (RN - \$125)	Local Dues (LPN/LVN - \$100)	Local Dues (Retired - \$60)	Local Dues (1 st Year Grad - \$85)	Local Dues Student (Unlicensed SN \$75)	Local Dues (Affiliate/Associate \$60)	+ Local Dues per year
Total Dues \$285	Total Dues \$225	Total Dues \$160	Total Dues \$230	Total Dues \$110	Total Dues \$60	

Become a NEW Lifetime Member - \$3000 or 5 installments of \$500.00 within one year plus Local Dues.

Payment Apps: **CashApp** - \$MilwaukeeChapterNBNA | **Zelle** - (414) 617-3897 | Check or Money Order **TOTAL AMOUNT DUE** \$ _____

METHOD OF PAYMENT: is the debit/credit card associated with the address listed above, if NO type or write the address below - we must have the same address that is on the debit/credit profile or it will not be processed for payment

Check Money Order VISA Master Card Expiration Date: ____/____/____ Sec. Code: _____

Account #: _____ Signature: _____

Address: _____

THANK YOU FOR YOUR INTEREST IN NBNA

