

# Northern New Jersey Black Nurses Association

## Member Application Northern New Jersey Black Nurses Association Membership Dues

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

School of Enrollment \_\_\_\_\_

License # \_\_\_\_\_ Social Security # \_\_\_\_\_

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Check Status	
R.N. ____	L.P.N. ____
S.N. ____	Retired Nurse ____

All members must pay the Local and National fees and complete both applications  
Send all fees to the Local Chapter

### JANUARY 2008

#### WELCOME

	Local Fees	National Fees	Total Fees
Regular Membership Fees.....	\$50.00	\$150.00	\$200.00
Retired Membership Fees.....	\$25.00	\$75.00	\$100.00
Nursing Student Membership Fees.....	\$13.00	\$35.00	\$48.00
First Year Graduate Fees.....	\$25.00	\$75.00	\$100.00

Send completed application with check made payable to:  
Northern NJ Black Nurses Association  
P.O. Box 8027  
Hillside, NJ 07205-1403