Tri-County Black Nurses Association (TCBNA)
Of South Carolina

Post Office Box 20816
Charleston, South Carolina 29413
(843) 965-TUCK (8825)

Membership Application

Name_____ Credentials_____ Recruited By:_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Work Phone_____ E-mail_____

Nurse License #_____ State_____ Expiration Date_____

If student, indicate Nursing School_____Expected Grad Mo/Yr_____

Membership Categories/Yearly Dues (please check one):

	National	Local	Total Amt Due
___RN/LPN/LVN	$150.00	$25.00	$175.00
___STUDENT	35.00	25.00	$60.00
___1ST YEAR GRAD	75.00	25.00	$100.00
___RETIRED	75.00	25.00	$100.00

Please enclose remittance with your completed application. **All checks or money orders should be mailed payable to TCBNA, P.O. Box 20816, Charleston, SC 29413, per The National Black Nurses Association's (NBNA) request.**

Member Profile: **Sex:** ___female ___male

Primary Work Setting (check one):
__Private Non-Profit Hospital
__Public/Federal Hospital
__Independent/Private Practice
__Home Health/Community Agency
__Behavioral Health
__Managed Care/HMO
__School/College of Nursing
__Research/Industry/Military

Primary Role (check one):
__Administrator/Director/VP of Nsg
__Head Nurse/ Nurse Manager
__Advanced Practice Nurse
__Staff Nurse
__Case Management
__Educator/Consultant
__Researcher
__Other

Prof. Org. M'bership
__Amer.Nurses Assoc
__AACC
__Nat'l League of Nsg
__Chi Eta Phi
__AANP
__Other
Specify_____

Nursing Employment (check one):
__Full-time
__Part-time
__Per Diem
__Retired
__Unemployment

Experience In Nursing
__Less than 2 years
__2-5 years
__6-10 years
__11-15 years
__16-20 years
__20+ years

Age Range (optional)
__ < 20 years
__ 20-29 years
__ 30-39 years
__ 40-49 years
__ 50-59 years
__ 60 + years

Thank you for joining NBNA & TCBNA!!!