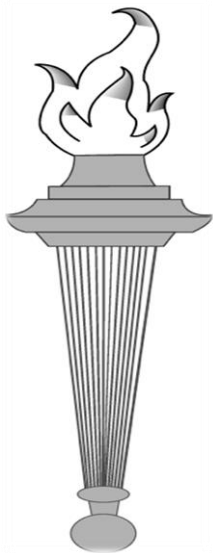


# ASSOCIATION OF BLACK NURSING FACULTY, INC.

## Membership Application/Renewal Form and Dues Statement



New Member Recruitment begins November 1st  
Membership Renewal is effective January 1<sup>st</sup> – December 31<sup>st</sup>

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
                     Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_

**HIGHEST DEGREE (CHECK ONE):**

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> 01 PhD/DNP      | <input type="checkbox"/> 02 EdD |
| <input type="checkbox"/> 03 MN/MSN       | <input type="checkbox"/> 04 BSN |
| <input type="checkbox"/> 05 Other: _____ |                                 |

**YEAR OF HIGHEST DEGREE:** \_\_\_\_\_

**AREAS OF SPECIALIZATION (CHOOSE ALL THAT APPLY):**

- |  |   |
|--|---|
| <input type="checkbox"/> 01 Obstetrics                     | <input type="checkbox"/> 02 Pediatrics                |
| <input type="checkbox"/> 03 Maternal-Child Health          | <input type="checkbox"/> 04 Medical                   |
| <input type="checkbox"/> 05 Surgical                       | <input type="checkbox"/> 06 Medical-Surgical          |
| <input type="checkbox"/> 07 Public Health/Community Health | <input type="checkbox"/> 08 Psychiatric/Mental Health |
| <input type="checkbox"/> 09 Fundamentals                   | <input type="checkbox"/> 10 Other: _____              |

**MAJOR RESPONSIBILITY:**

- |   |
|---|
| <input type="checkbox"/> 01 Undergraduate Program       |
| <input type="checkbox"/> 03 Graduate Program            |
| <input type="checkbox"/> 05 Other: Please Specify _____ |

**Apply/Renew  
membership online at  
[www.abnf.net](http://www.abnf.net)**

**ABNF COMMITTEES OF INTEREST (CHECK UP TO TWO):**

- |  |  |
|--|--|
| <input type="checkbox"/> 01 By-Laws            | <input type="checkbox"/> 02 Finance                |
| <input type="checkbox"/> 03 Publication        | <input type="checkbox"/> 04 Public Policy          |
| <input type="checkbox"/> 05 Program            | <input type="checkbox"/> 06 Research               |
| <input type="checkbox"/> 07 State Coordinators | <input type="checkbox"/> 08 Ad Hoc: Annual Meeting |
| <input type="checkbox"/> 09 Education          |  |

**QUESTIONS:**

1. Are you a member of the following organizations?

- American Nurses Association
- National League for Nursing
- National Black Nurses Association
- Chi Eta Phi
- Black Nurses Rock

Yes	No

2. Would you like to serve as State Coordinator for your state?

**Potential Speaker's Bureau Expertise:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Membership Dues**

**Contribution to ABNF Foundation:**

- |                                   |   |                                  |                                  |                                      |
|-----------------------------------|---|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> \$125.00 | <input type="checkbox"/> \$25.00 Students | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$75.00 | <input type="checkbox"/> Other _____ |
|-----------------------------------|---|----------------------------------|----------------------------------|--------------------------------------|

**Total Enclosed:** \_\_\_\_\_

Make check payable to ABNF and return to:  
**Dr. Ronnie Ursin, ABNF Treasurer | 4952 Clarendon Terrace | Frederick, Maryland 21703**

The member was recruited by: \_\_\_\_\_