

Baptist Nursing Fellowship Membership Application

_____ New Member _____Renewing Member

Name: _____
(Please print)

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) _____

Email: _____

Church Affiliation

Church Name: _____ City: _____ State: _____

Educational Level: LPN/LVN___ RN ___ BSN___ MS/MSN Doctorate _____

Employed (please circle one): Employed Retired Inactive

Nursing Specialty: _____

Nurse Registration Number: _____

TN BNF Membership Dues

- | | |
|---|---------|
| <input type="checkbox"/> RN (active/inactive) | \$15.00 |
| <input type="checkbox"/> LPN (active/inactive) | \$15.00 |
| <input type="checkbox"/> Non-nursing medical professional | \$15.00 |
| <input type="checkbox"/> Student Nurse | \$ 5.00 |
| <input type="checkbox"/> Missionary Nurse | Free |
| <input type="checkbox"/> Retired Nurse | \$ 5.00 |

National BNF Membership Dues

- | | |
|---|---------|
| <input type="checkbox"/> RN (active/inactive) | \$50.00 |
| <input type="checkbox"/> LPN (active/inactive) | \$50.00 |
| <input type="checkbox"/> Non-nursing medical professional | \$50.00 |
| <input type="checkbox"/> Student Nurse | \$15.00 |
| <input type="checkbox"/> Missionary Nurse | Free |
| <input type="checkbox"/> Retired Nurse | \$30.00 |

Office use only:

Applicable year: _____

Date National BNF check
requested processed:

AMOUNT ENCLOSED: \$ _____

Mail completed application and check made payable to: TN WUM, according to applicable member fee, to: TN
WUM, Baptist Nursing Fellowship, P.O. Box 728; Brentwood, TN 37024. For questions call 800-558-2090 ext.
7920 or email Denise Bronaugh dbronaugh@tnbaptist.org

Updated: 12/2011