

Baptist Nursing Fellowship Membership Application

_____New Member _____Renewing Member

Name_____

Address_____

City/State/Zip_____

Telephone number (with area code)_____

E-mail Address_____

Church Affiliation: Church Name_____

City/State_____

Educational Level: LPN/LVN RN BSN MS/MSN Doctorate

_____Employed _____Retired _____Inactive

Nursing Specialty_____

Nurse Registration Number_____

TN BNF Membership Dues

- | | |
|---|---------|
| <input type="checkbox"/> RN (active/inactive) | \$10.00 |
| <input type="checkbox"/> LPN (active/inactive) | \$10.00 |
| <input type="checkbox"/> Non-nursing medical professional | \$10.00 |
| <input type="checkbox"/> Student Nurse | Free |
| <input type="checkbox"/> Missionary Nurse | Free |
| <input type="checkbox"/> Retired Nurse | Free |

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 |

Amount Enclosed \$_____

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