

NNBA Standard Membership Application

NNBA Membership Investment

\$149.00 per Year Includes:

- Business Planning & Development Tools
- Best Practices in Nurse Business Compendium
- NNBA's Bimonthly Newsletter plus Archives
- Listing in NNBA's Directory
- Exclusive Dashboard—Members Only Content
- Free Advertising and Event Promotion on NNBA Website
- Discounted Advertising Opportunities Exclusive to NNBA Members
- \$100.00 Savings on NNBA's Annual Entrepreneurship Conference
- Discount Pricing for Events, Products and Services
- Mentoring and Continued Education for Career Development

Instructions:

Fully complete this application along with credit card info.

- 1) Scan and email to: **Admin@NNBANow.com** OR
- 2) FAX securely to NNBA at: **(714) 465-2504** OR
- 3) Mail your check payable to: National Nurses in Business Association to: **P.O. Box 777951
Henderson, NV 89052**

If you have questions, please email: **Admin@NNBANow.com**

Please Print Clearly

Today's Date _____

Applicant's Name _____

Company Name _____

Title _____ Credentials _____

Address _____

City _____ State _____ Zip _____

Phone (Office) _____ Phone (Cell) _____

Primary Email _____

Website URL _____

1) Your Agreement to Make This Payment

I agree to pay \$149.00 per year to remain an active member. I can opt-out of NNBA's auto-renewal by sending an email to **Admin@NNBANow.com**.

2) Authorize Charges to Your Credit Card

- AMEX Mastercard
 VISA Discover

Credit Card Number

Expiration Month and Year

CVV Code

Print cardholder's name as it appears on the card

Address that the credit card is billed to (required for approval of charges). Same as mailing address provided below.

3) Please Sign Below Agreeing to the Membership Terms Authorizing These Charges:

Sign _____

IMPORTANT NOTE: Once your application is processed, you will receive an email with your sign-in (your email address) and password.

For Internal Use Only