# **NNBA Standard Membership Application**

## **Nurse Member Benefits** \$169.00 per Year Includes:

- **Business Planning & Development Tools**
- **Exclusive Members Only Content**
- Free Networking Directory
- NNBA Newsletter Delivered Twice a Month with Trends, Tips, Resources & Career Opportunities
- Access to NNBA Newsletter Archives
- Savings on NNBA Conference, Events, Products and Services
- Free Marketing, Advertising and Event Promotion on NNBA Website
- Mentoring and Continued Education for Career and Professional Development
- Vetted Referrals
- Free Web Page
- Belong to the #1 Nurses Business Owner Network

#### Instructions:

- 1) Join online at www.NNBANow.com
- 2) Complete this form along with credit card information, scan and email to Admin@NNBANow.com
- 3) Complete this form along with a check made payable to "National Nurses in Business Association", mail to:

National Nurses in Business Association P.O. Box 777951 Henderson, NV 89052

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

### 1) Your Agreement to Make This Payment

I agree to pay \$169.00 per year to remain an active member. An attempt to auto-renew my membership will be made yearly. 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 Nu	ımber	
Expiration Mo	nth and Year	CVV Code
	er's name as it appears on the credit card is billed to (req	
of charges).	Same as mailing address	
•	ign Below Agreeing to ip Terms Authorizing	
Sign		

Website URL

Please Print Clearly	Today's Date
Applicant's Name	
Company Name	
Title	Credentials
Highest Education Level ☐ CNA ☐ LPN/LVN	□ ADN □ Diploma □ Bachelors □ Masters □ Doctoral
Address	
City	
Phone (Office)	Phone (Cell)
Best Email	

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