



# Membership Renewal Form

Please provide your e-mail address so SUNA can send you the electronic *Urologic Nursing Journal* and other valuable membership information. SUNA will not sell or distribute e-mail addresses to third parties.

Membership ID# \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Credentials \_\_\_\_\_

Preferred Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  Home  Work

Address: \_\_\_\_\_  Home  Work

Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SAVE TIME – Join SUNA online at [www.suna.org](http://www.suna.org)**

## DATA QUESTIONS

## MEMBERSHIP DUES

### 1. BASIC LICENSURE

- 1 RN
- 2 LPN
- 3 LVN
- 4 PA
- 5 Technician
- 6 MD
- 7 NP
- 8 CNS
- 9 MA
- A PT
- Z Other \_\_\_\_\_

### 2. CERTIFICATION

- 1 CWOCN \_\_\_\_\_ CUNP
- 2 CCCN \_\_\_\_\_ CUCNS
- 3 CNOR \_\_\_\_\_ CURN
- 4 CNP \_\_\_\_\_ CUPA
- 5 CMA/CNA \_\_\_\_\_ CUA
- 6 Other \_\_\_\_\_

### 3. HIGHEST LEVEL EDUCATION

- 1 High School
- 2 Diploma RN
- 3 AD Nursing
- 4 AD Other
- 5 BS Nursing
- 6 BS/BA Other
- 7 MS Nursing
- 8 MS/MA Other
- 9 DNS Nursing
- A DNP Nursing
- B Doctorate Other
- C MD

### 4. PLACE OF EMPLOYMENT

- 1 Hospital
- 2 Extended Care/Rehab
- 3 MD Office
- 4 Clinic
- 5 Home Health Care
- 6 School of Nursing
- 7 Industry
- 8 Military
- 9 Self-Employed
- A Retired
- B Government/VA
- C Other \_\_\_\_\_

### 5. YEARS IN UROLOGY

- 1 Less than 1
- 2 1-5
- 3 6-10
- 4 11-15
- 5 Over 15

### 6. PERCENT OF TIME IN UROLOGY

- 1 1-24%
- 2 25-49%
- 3 50-74%
- 4 75-99%
- 5 100%

### 7. CLINICAL PRACTICE AREA

- (check all that apply)
- 1 Operating Room/Cystoscopy
  - 2 Ambulatory Surgery
  - 3 Urodynamics
  - 4 Lithotripsy (ESWL)
  - 5 Incontinence
  - 6 Pediatrics
  - 7 Oncology
  - 8 Sexual Dysfunction
  - 9 Nursing Education
  - A Staff Development
  - B Hospital/Inpatient
  - C Office, Clinic and Outpatient
  - D Geriatrics
  - E Research
  - F Other \_\_\_\_\_

### 8. PRIMARY CLINICAL PRACTICE AREA

- (please check one only)
- 1 Operating Room/ Cystoscopy
  - 2 Ambulatory Surgery
  - 3 Urodynamics
  - 4 Lithotripsy (ESWL)
  - 5 Incontinence
  - 6 Pediatrics
  - 7 Oncology
  - 8 Sexual Dysfunction
  - 9 Nursing Education
  - A Staff Development
  - B Hospital/Inpatient
  - C Office, Clinic and Outpatient
  - D Geriatrics
  - E Research

Active Membership	One year . . . . .	\$95.00
	Two years . . . . .	\$170.00
	Three years . . . . .	\$215.00

Sustaining Membership	One year . . . . .	\$135
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(Physicians, industry representatives)

International Membership	One year . . . . .	\$105.00
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(Non US or Canada)

Senior Membership	One year . . . . .	\$65.00
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(Active member for 5 years and reached age 65 and over – Proof required)

Student Nurse Membership	One year . . . . .	\$65.00
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(Full-time nursing student – Proof required)

Check is enclosed (payable in US Funds to SUNA)

Charge my  VISA  MC  AMEX

Amount \$ \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Name on card: \_\_\_\_\_

Account #: \_\_\_\_\_

Card security code: \_\_\_\_\_  
 (3-digit code found on back of Visa & Mastercard;  
 4-digit code front of American Express)

Billing Address (Street # only) \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you for renewing your SUNA membership.**  
***Guiding You on Your Path to Excellence!***

**Society of Urologic Nurses and Associates**

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 Website: [www.suna.org](http://www.suna.org)