

SUNA Membership Application

Name: _____
 Home address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____
 Fax Number _____
 E-mail Address _____
 Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____
 Preferred Daytime Phone Home Work
 Preferred Mailing Address Home Work

**SAVE TIME – Join SUNA online at
www.suna.org**

| MEMBERSHIP FEE | |
|--|---|
| <input type="checkbox"/> Active | <input type="checkbox"/> International Fee (Non US or Canada) |
| <input type="checkbox"/> One year \$75 | <input type="checkbox"/> Active One year \$95 |
| <input type="checkbox"/> Two years \$150 | <input type="checkbox"/> Active Two years \$190 |
| <input type="checkbox"/> Sustaining \$115 (Physicians, industry representatives) | <input type="checkbox"/> Sustaining One year \$135 |
| <input type="checkbox"/> Student \$37.50 (Full-time nursing student. Proof of full-time enrollment status must be provided.) | <input type="checkbox"/> Student One year \$57.50 |

Society of Urologic Nurses and Associates
 East Holly Ave Box 56
 Pitman, NJ 08071-0056
 Toll free: 888-TAP-SUNA (827-7862)
 Fax: 856-589-7463
 E-mail: suna@ajj.com
 Web site: www.suna.org

Recruited by _____

| | |
|--|--------------------|
| <input type="checkbox"/> Check is enclosed (payable in US Funds to SUNA) | Acct. # _____ |
| <input type="checkbox"/> Charge my <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX | Name on card _____ |
| Amount \$ _____ Exp. ____/____ | Signature _____ |
| Card security code: _____ (3-digit code found on back of Visa & Mastercard; 4-digit code front of Am Express) | |

PLEASE CHECK ONE BOX FOR EACH.

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

\$21.00 of the membership dues is applied to a subscription to the *Urologic Nursing Journal*.