



# Membership Form

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

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

Primary Email Address \_\_\_\_\_

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

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

Credentials: \_\_\_\_\_

Preferred Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ ☐ Cell ☐ 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	
<b>1. BASIC LICENSURE</b> <input type="checkbox"/> 1 RN <input type="checkbox"/> 2 LPN <input type="checkbox"/> 3 LVN <input type="checkbox"/> 4 PA <input type="checkbox"/> 5 Technician <input type="checkbox"/> 6 MD <input type="checkbox"/> 7 NP <input type="checkbox"/> 8 CNS <input type="checkbox"/> 9 MA <input type="checkbox"/> A PT <input type="checkbox"/> Z Other _____	<b>5. YEARS IN UROLOGY</b> <input type="checkbox"/> 1 Less than 1 <input type="checkbox"/> 2 1-5 <input type="checkbox"/> 3 6-10 <input type="checkbox"/> 4 11-15 <input type="checkbox"/> 5 Over 15  <b>6. PERCENT OF TIME IN UROLOGY</b> <input type="checkbox"/> 1 1-24% <input type="checkbox"/> 2 25-49% <input type="checkbox"/> 3 50-74% <input type="checkbox"/> 4 75-99% <input type="checkbox"/> 5 100%	Active – Associate (MA, LPN, LVN, Technician) One year . . . . . \$95.00 Two years . . . . . \$170.00 Three years . . . . . \$215.00  Active – Nurse (RN) One year . . . . . \$130.00 Two years . . . . . \$240.00 Three years . . . . . \$320.00  Active – Advanced Practice (NP, PA, CNS, PT) One year . . . . . \$150.00 Two years . . . . . \$280.00 Three years . . . . . \$380.00  Sustaining Membership (Physicians, industry representatives) One year . . . . . \$180.00	
<b>2. CERTIFICATION</b> <input type="checkbox"/> 1 CWOCN _____ CUNP <input type="checkbox"/> 2 CCCN _____ CUCNS <input type="checkbox"/> 3 CNOR _____ CURN <input type="checkbox"/> 4 CNP _____ CUPA <input type="checkbox"/> 5 CMA/CNA _____ CUA <input type="checkbox"/> 6 Other _____	<b>7. CLINICAL PRACTICE AREA</b> (check all that apply) <input type="checkbox"/> 1 Operating Room/Cystoscopy <input type="checkbox"/> 2 Ambulatory Surgery <input type="checkbox"/> 3 Urodynamics <input type="checkbox"/> 4 Lithotripsy (ESWL) <input type="checkbox"/> 5 Incontinence <input type="checkbox"/> 6 Pediatrics <input type="checkbox"/> 7 Oncology <input type="checkbox"/> 8 Sexual Dysfunction <input type="checkbox"/> 9 Nursing Education <input type="checkbox"/> 10 Urogynecology <input type="checkbox"/> A Staff Development <input type="checkbox"/> B Hospital/Inpatient <input type="checkbox"/> C Office, Clinic and Outpatient <input type="checkbox"/> D Geriatrics <input type="checkbox"/> E Research <input type="checkbox"/> F Other _____	Senior Membership (Active member for 5 years and reached age 65 and over – Proof required) One year . . . . . \$75.00  Student Nurse Membership (Full-time nursing student – Proof required) One year . . . . . \$75.00	
<b>3. HIGHEST LEVEL EDUCATION</b> <input type="checkbox"/> 1 High School <input type="checkbox"/> 2 Diploma RN <input type="checkbox"/> 3 AD Nursing <input type="checkbox"/> 4 AD Other <input type="checkbox"/> 5 BS Nursing <input type="checkbox"/> 6 BS/BA Other <input type="checkbox"/> 7 MS Nursing <input type="checkbox"/> 8 MS/MA Other <input type="checkbox"/> 9 DNS Nursing <input type="checkbox"/> A DNP Nursing <input type="checkbox"/> B Doctorate Other <input type="checkbox"/> C MD	<b>8. PRIMARY CLINICAL PRACTICE AREA</b> (please check one only) <input type="checkbox"/> 1 Operating Room/ Cystoscopy <input type="checkbox"/> 2 Ambulatory Surgery <input type="checkbox"/> 3 Urodynamics <input type="checkbox"/> 4 Lithotripsy (ESWL) <input type="checkbox"/> 5 Incontinence <input type="checkbox"/> 6 Pediatrics <input type="checkbox"/> 7 Oncology <input type="checkbox"/> 8 Sexual Dysfunction <input type="checkbox"/> 9 Nursing Education <input type="checkbox"/> 10 Urogynecology <input type="checkbox"/> A Staff Development <input type="checkbox"/> B Hospital/Inpatient <input type="checkbox"/> C Office, Clinic and Outpatient <input type="checkbox"/> D Geriatrics <input type="checkbox"/> E Research	Who referred you to SUNA? _____  <input type="checkbox"/> Check is enclosed (payable in US Funds to SUNA) <input type="checkbox"/> Charge my <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover 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: _____	
<b>4. PLACE OF EMPLOYMENT</b> <input type="checkbox"/> 1 Hospital <input type="checkbox"/> 2 Extended Care/Rehab <input type="checkbox"/> 3 MD Office <input type="checkbox"/> 4 Clinic <input type="checkbox"/> 5 Home Health Care <input type="checkbox"/> 6 School of Nursing <input type="checkbox"/> 7 Industry <input type="checkbox"/> 8 Military <input type="checkbox"/> 9 Self-Employed <input type="checkbox"/> A Retired <input type="checkbox"/> B Government/VA <input type="checkbox"/> C Other _____		<b>Thank you for renewing your SUNA membership.</b>  <b>Society of Urologic Nurses and Associates</b> Box 56   Pitman, NJ 08071-0056 Toll free: 888-827-7862   Fax: 856-589-7463 Email: <a href="mailto:suna@ajj.com">suna@ajj.com</a>   Website: <a href="http://www.suna.org">www.suna.org</a>	