



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

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
	Two 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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