



Score with 4!

Get 4 colleagues to join SUNA & receive 1 year free membership

Details:

- Available each year from October 1st to September 30th.
- Your colleagues must be new to SUNA or have not been a member for at least one year.

As Easy as...

Fill in your name in the space marked "Recruited by" on the membership application. Make copies and distribute to your colleagues who may want to join SUNA.

You can direct your colleagues to join online at suna.org. Remind them to provide your name in the "Recruited by" space on the application.

Ask them to let you know when they've joined. You'll automatically be notified by SUNA of your prize level at the end of the campaign.

Recognition

RECRUIT UP TO 3 NEW MEMBERS

1. 10 SUNA Savings Dollars for one membership
2. Plus 5 SUNA Savings Dollars for each additional membership

SCORE WITH 4 OR MORE NEW MEMBERS

1. 10 SUNA Savings Dollars for one membership
2. Free 1 year membership (valued at \$95 - \$150)
3. Entered into a drawing for free registration to the SUNA uroLogic Conference

RECRUIT 10 OR MORE NEW MEMBERS

1. 10 SUNA Savings Dollars for one membership
2. Free 1 year membership (valued at \$95 - \$150)
3. Free registration to the SUNA uroLogic Conference





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

DATA QUESTIONS	MEMBERSHIP DUES																								
<p>1. BASIC LICENSURE</p> <p><input type="checkbox"/> 1 RN</p> <p><input type="checkbox"/> 2 LPN</p> <p><input type="checkbox"/> 3 LVN</p> <p><input type="checkbox"/> 4 PA</p> <p><input type="checkbox"/> 5 Technician</p> <p><input type="checkbox"/> 6 MD</p> <p><input type="checkbox"/> 7 NP</p> <p><input type="checkbox"/> 8 CNS</p> <p><input type="checkbox"/> 9 MA</p> <p><input type="checkbox"/> A PT</p> <p><input type="checkbox"/> Z Other _____</p> <p>2. CERTIFICATION</p> <p><input type="checkbox"/> 1 CWOCN _____ CUNP</p> <p><input type="checkbox"/> 2 CCCN _____ CUCNS</p> <p><input type="checkbox"/> 3 CNOR _____ CURN</p> <p><input type="checkbox"/> 4 CNP _____ CUPA</p> <p><input type="checkbox"/> 5 CMA/CNA _____ CUA</p> <p><input type="checkbox"/> 6 Other _____</p> <p>3. HIGHEST LEVEL EDUCATION</p> <p><input type="checkbox"/> 1 High School</p> <p><input type="checkbox"/> 2 Diploma RN</p> <p><input type="checkbox"/> 3 AD Nursing</p> <p><input type="checkbox"/> 4 AD Other</p> <p><input type="checkbox"/> 5 BS Nursing</p> <p><input type="checkbox"/> 6 BS/BA Other</p> <p><input type="checkbox"/> 7 MS Nursing</p> <p><input type="checkbox"/> 8 MS/MA Other</p> <p><input type="checkbox"/> 9 DNS Nursing</p> <p><input type="checkbox"/> A DNP Nursing</p> <p><input type="checkbox"/> B Doctorate Other</p> <p><input type="checkbox"/> C MD</p> <p>4. PLACE OF EMPLOYMENT</p> <p><input type="checkbox"/> 1 Hospital</p> <p><input type="checkbox"/> 2 Extended Care/Rehab</p> <p><input type="checkbox"/> 3 MD Office</p> <p><input type="checkbox"/> 4 Clinic</p> <p><input type="checkbox"/> 5 Home Health Care</p> <p><input type="checkbox"/> 6 School of Nursing</p> <p><input type="checkbox"/> 7 Industry</p> <p><input type="checkbox"/> 8 Military</p> <p><input type="checkbox"/> 9 Self-Employed</p> <p><input type="checkbox"/> A Retired</p> <p><input type="checkbox"/> B Government/VA</p> <p><input type="checkbox"/> C Other _____</p>	<p>5. YEARS IN UROLOGY</p> <p><input type="checkbox"/> 1 Less than 1</p> <p><input type="checkbox"/> 2 1-5</p> <p><input type="checkbox"/> 3 6-10</p> <p><input type="checkbox"/> 4 11-15</p> <p><input type="checkbox"/> 5 Over 15</p> <p>6. PERCENT OF TIME IN UROLOGY</p> <p><input type="checkbox"/> 1 1-24%</p> <p><input type="checkbox"/> 2 25-49%</p> <p><input type="checkbox"/> 3 50-74%</p> <p><input type="checkbox"/> 4 75-99%</p> <p><input type="checkbox"/> 5 100%</p> <p>7. CLINICAL PRACTICE AREA (check all that apply)</p> <p><input type="checkbox"/> 1 Operating Room/Cystoscopy</p> <p><input type="checkbox"/> 2 Ambulatory Surgery</p> <p><input type="checkbox"/> 3 Urodynamics</p> <p><input type="checkbox"/> 4 Lithotripsy (ESWL)</p> <p><input type="checkbox"/> 5 Incontinence</p> <p><input type="checkbox"/> 6 Pediatrics</p> <p><input type="checkbox"/> 7 Oncology</p> <p><input type="checkbox"/> 8 Sexual Dysfunction</p> <p><input type="checkbox"/> 9 Nursing Education</p> <p><input type="checkbox"/> 10 Urogynecology</p> <p><input type="checkbox"/> A Staff Development</p> <p><input type="checkbox"/> B Hospital/Inpatient</p> <p><input type="checkbox"/> C Office, Clinic and Outpatient</p> <p><input type="checkbox"/> D Geriatrics</p> <p><input type="checkbox"/> E Research</p> <p><input type="checkbox"/> F Other _____</p> <p>8. PRIMARY CLINICAL PRACTICE AREA (please check one only)</p> <p><input type="checkbox"/> 1 Operating Room/ Cystoscopy</p> <p><input type="checkbox"/> 2 Ambulatory Surgery</p> <p><input type="checkbox"/> 3 Urodynamics</p> <p><input type="checkbox"/> 4 Lithotripsy (ESWL)</p> <p><input type="checkbox"/> 5 Incontinence</p> <p><input type="checkbox"/> 6 Pediatrics</p> <p><input type="checkbox"/> 7 Oncology</p> <p><input type="checkbox"/> 8 Sexual Dysfunction</p> <p><input type="checkbox"/> 9 Nursing Education</p> <p><input type="checkbox"/> 10 Urogynecology</p> <p><input type="checkbox"/> A Staff Development</p> <p><input type="checkbox"/> B Hospital/Inpatient</p> <p><input type="checkbox"/> C Office, Clinic and Outpatient</p> <p><input type="checkbox"/> D Geriatrics</p> <p><input type="checkbox"/> E Research</p>																								
	<table style="width: 100%;"> <tr> <td style="width: 60%;">Active – Associate (MA, LPN, LVN, Technician)</td> <td>One year \$95.00</td> </tr> <tr> <td></td> <td>Two years \$170.00</td> </tr> <tr> <td></td> <td>Three years \$215.00</td> </tr> <tr> <td>Active – Nurse (RN)</td> <td>One year \$130.00</td> </tr> <tr> <td></td> <td>Two years \$240.00</td> </tr> <tr> <td></td> <td>Three years \$320.00</td> </tr> <tr> <td>Active – Advanced Practice (NP, PA, CNS, PT)</td> <td>One year \$150.00</td> </tr> <tr> <td></td> <td>Two years \$280.00</td> </tr> <tr> <td></td> <td>Three years \$380.00</td> </tr> <tr> <td>Sustaining Membership (Physicians, industry representatives)</td> <td>One year \$180.00</td> </tr> <tr> <td>Senior Membership (Active member for 5 years and reached age 65 and over – Proof required)</td> <td>One year \$75.00</td> </tr> <tr> <td>Student Nurse Membership (Full-time nursing student – Proof required)</td> <td>One year \$75.00</td> </tr> </table> <p>Who referred you to SUNA? _____</p> <p><input type="checkbox"/> Check is enclosed (payable in US Funds to SUNA)</p> <p><input type="checkbox"/> Charge my <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover</p> <p>Amount \$ _____ Exp. ____ / ____</p> <p>Name on card: _____</p> <p>Account #: _____</p> <p>Card security code: _____ (3-digit code found on back of Visa & Mastercard; 4-digit code front of American Express)</p> <p>Billing Address (Street # only) _____</p> <p>Billing Zip Code _____</p> <p>Signature: _____</p> <p>Please note 3% will be added for all credit card purchases.</p> <p>Thank you for renewing your SUNA membership.</p> <p>Society of Urologic Nurses and Associates Box 56 Pitman, NJ 08071-0056 Toll free: 888-827-7862 Fax: 856-589-7463 Email: suna@ajj.com Website: www.suna.org</p>	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	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
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																								
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																								