SUNA Member of the Year Award Application

Policy 65-260 Reviewed March 2020 Revised March 2022

Chapter Name(year)		Арр	_ Application for activities in	
Name of Applicar	nt			
Home Address				
Work Address				
Telephone (W)_	(H)	Fax #	Email:	
to verification. De carried out for the	applicant must be a curr adline for completing the prior calendar year. No ssion (500 words or less	nis form is June 1. ote : individuals ma	This application co y only win once.	vers activities
		oy		
	escribe activities tha			
task force or com	ursing. Activities should mittee, published in Urd	ologic Nursing, abs	stract (poster or ora	l) presentations
uro Logic Meeting	erences, CBUNA certific g and highlighted in the nembership renewal for	e Enews with a lir	nk to the website.	The winner will

RETURN THIS FORM TO:

SUNA National Office E. Holly Ave, Box 56 Pitman, NJ 08071-0056