

# 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

MEMBERSHIP FEE	
<input type="checkbox"/> <b>Active</b>	<input type="checkbox"/> <b>International Fee</b> (Non US or Canada)
<input type="checkbox"/> One year <b>\$95</b>	<input type="checkbox"/> Active One year <b>\$105</b>
<input type="checkbox"/> Two years <b>\$170</b>	<input type="checkbox"/> Active Two years <b>\$210</b>
<input type="checkbox"/> <b>Sustaining \$135</b> (Physicians, industry representatives)	<input type="checkbox"/> Sustaining One year <b>\$155</b>
<input type="checkbox"/> <b>Student \$65.00</b> (Full-time nursing student. Proof of full-time enrollment status must be provided.)	<input type="checkbox"/> Student One year <b>\$85.00</b>

**SAVE TIME – Join SUNA online at [www.suna.org](http://www.suna.org)**

**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](mailto:suna@ajj.com)  
 Web site: [www.suna.org](http://www.suna.org)

<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: _____	Billing Address (Street # only) _____
(3-digit code found on back of Visa and Mastercard; 4-digit code front of American Express)	Billing Address Zip Code _____

Recruited by \_\_\_\_\_

**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

**\$34.50 of the membership dues is applied to a subscription to the *Urologic Nursing Journal*.**

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**Group Membership Discounts (5 or more) – Contact SUNA National Office**