



# 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													
<p><b>1. BASIC LICENSURE</b></p> <p><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 _____</p> <p><b>2. CERTIFICATION</b></p> <p><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 _____</p> <p><b>3. HIGHEST LEVEL EDUCATION</b></p> <p><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</p> <p><b>4. PLACE OF EMPLOYMENT</b></p> <p><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 _____</p>	<p><b>5. YEARS IN UROLOGY</b></p> <p><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</p> <p><b>6. PERCENT OF TIME IN UROLOGY</b></p> <p><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%</p> <p><b>7. CLINICAL PRACTICE AREA</b> (check all that apply)</p> <p><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 _____</p> <p><b>8. PRIMARY CLINICAL PRACTICE AREA</b> (please check one only)</p> <p><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</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Active – Associate (MA, LPN, LVN, Technician)</td> <td style="width: 40%;">One year . . . . . \$95.00 Two years . . . . . \$170.00 Three years . . . . \$215.00</td> </tr> <tr> <td>Active – Nurse (RN)</td> <td>One year . . . . . \$130.00 Two years . . . . . \$240.00 Three years . . . . \$320.00</td> </tr> <tr> <td>Active – Advanced Practice (NP, PA, CNS, PT)</td> <td>One year . . . . . \$150.00 Two years . . . . . \$280.00 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)  <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 &amp; Mastercard;          4-digit code front of American Express)</p> <p>Billing Address (Street # only) _____</p> <p>Billing Zip Code _____</p> <p>Signature: _____</p> <p style="text-align: center;">Please note 3% will be added for all credit card purchases.</p> <p style="text-align: center;"><b>Thank you for renewing your SUNA membership.</b></p> <p style="text-align: center;"><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></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
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