

# 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

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

**MEMBERSHIP FEE**

**Active**  
 One year **\$75**  
 Two years **\$150**

**Sustaining \$115**  
 (Physicians, industry representatives)

**Student \$37.50**  
 (Full-time undergraduate nursing student. Proof of full-time enrollment status must be provided.)

**International Fee**  
 (Non US or Canada)  
 Active One year **\$95**  
 Active Two years **\$190**  
 Sustaining One year **\$135**  
 Student One year **\$57.50**

**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)

Check is enclosed (payable in US Funds to SUNA) Acct. # \_\_\_\_\_  
 Charge my  VISA  MC  AMEX Name on card \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_  
 Card security code: \_\_\_\_\_  
 (3-digit code found on back of Visa & Mastercard; 4-digit code front of Am Express)

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

**\$21.00 of the membership dues is applied to a subscription to the *Urologic Nursing Journal*.**