



Membership Renewal Form

Please provide your e-mail address so SUNA can send you the electronic *Urologic Nursing Journal* and other valuable membership information. SUNA will not sell or distribute e-mail addresses to third parties.

Membership ID# _____
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 Date of Birth: _____

SAVE TIME – Join SUNA online at www.suna.org

DATA QUESTIONS	MEMBERSHIP DUES															
<p>1. BASIC LICENSURE</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>2. CERTIFICATION</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>3. HIGHEST LEVEL EDUCATION</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>4. PLACE OF EMPLOYMENT</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>5. YEARS IN UROLOGY</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>6. PERCENT OF TIME IN UROLOGY</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>7. CLINICAL PRACTICE AREA (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"/> 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>8. PRIMARY CLINICAL PRACTICE AREA (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"/> 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: 50%;">Active Membership</td> <td style="width: 50%;">One year \$95.00</td> </tr> <tr> <td></td> <td>Two years \$170.00</td> </tr> <tr> <td></td> <td>Two years \$215.00</td> </tr> <tr> <td>Sustaining Membership (Physicians, industry representatives)</td> <td>One year \$135</td> </tr> <tr> <td>International Membership (Non US or Canada)</td> <td>One year \$105.00</td> </tr> <tr> <td>Senior Membership (Active member for 5 years and reached age 65 and over – Proof required)</td> <td>One year \$65.00</td> </tr> <tr> <td>Student Nurse Membership (Full-time nursing student – Proof required)</td> <td>One year \$65.00</td> </tr> </table> <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</p> <p>Amount \$ _____ Exp. ____ / ____</p> <p>Name on card: _____</p> <p>Account #: _____</p> <p>Card security code: _____ <small>(3-digit code found on back of Visa & Mastercard; 4-digit code front of American Express)</small></p> <p>Billing Address (Street # only) _____</p> <p>Billing Zip Code _____</p> <p>Signature: _____</p> <p>Thank you for renewing your SUNA membership. <i>Guiding You on Your Path to Excellence!</i></p> <p style="text-align: center;">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 Website: www.suna.org</p>	Active Membership	One year \$95.00		Two years \$170.00		Two years \$215.00	Sustaining Membership (Physicians, industry representatives)	One year \$135	International Membership (Non US or Canada)	One year \$105.00	Senior Membership (Active member for 5 years and reached age 65 and over – Proof required)	One year \$65.00	Student Nurse Membership (Full-time nursing student – Proof required)	One year \$65.00
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<p>\$34.50 of the membership dues is applied to a subscription to the <i>Urologic Nursing Journal</i>.</p>																