

MEMBERSHIP RENEWAL FORM

Please provide your email address so SUNA can send your Electronic monthly Newsletter and other valuable

membership information. SUNA will not sell or distribute email addresses to third parties.

| Membership ID # | | E-mail Address |
|-----------------|-------------|--------------------------------|
| Name | Credentials | Employer |
| Address | Specify H/W | Preferred TelephoneSpecify H/W |
| City | StateZip | Date of Birth |

applied to a subscription to the Urologic Nursing Journal.

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Research

Long Term Care

Sacral Nerve Stimulation

| | DATA Q | UESTIONS | MEMBERSHIP DUES | |
|---|--|--|--|--|
| Please circle one answer for each question. | | | PAYMENT OPTIONS | |
| 1. | LICENSURE / CERTIFICATION RN LPN LVN PA Technician MD NP CNS MA A PT Z Other | 2. CERTIFICATION CBUNA Certified 1 CWOCN CUNP 2 CCCN CUCNS 3 CNOR CURN 4 CNP CUPA 5 CMA/CNA CUA 6 Other | Active Membership 1 year \$ 75.00 2 year \$140.00 3 year \$195.00 Sustaining Membership 1 year \$115.00 (Physicians/Industry Rep) International Membership 1 year \$ 95.00 (Non US or Non Canada) Sr. Membership 1 year \$ 45.00 (Active member for 5 yrs & reached age 65+Proof req'd) | |
| 3. | HIGHEST LEVEL OF 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 | 4. PLACE OF EMPLOYMENT 1 Hospital 2 Nursing Home/ECF 3 MD Office 4 Clinic 5 Home Health Care 6 School of Nursing 7 Industry 8 Military | Student Nurse 1 year \$ 37.50 (Full time nursing student. Proof req'd) PAYMENT _ Check is enclosed (payable in US Funds to SUNA) _ Charge my _ VISA _ Master Card _ AE _ Disc Amount \$ 3-digit code Exp _ / | |
| 5. | 9 DNS Nursing A DNP Nursing B Doctorate C MD YEARS IN UROLOGY 1 Less than 1 2 1-5 | 9 Self-Employed A Retired B Government/VA C Other 7-8. CLINICAL PRACTICE AREA Circle All Circle Primary 1 Operating Room/Cystoscopy 1 | (on back of card) Account # Signature You may print out your Membership Card from the | |
| 6. | 2 1-0 3 6-10 4 11-15 5 Over 15 PERCENT OF TIME IN UROLOGY 1 1-24% 2 25-49% 3 50-74% 4 75-99% | 2 Ambulatory Surgery 2 3 Urodynamics 3 4 Lithotripsy (ESWL) 4 5 Incontinence 5 6 Pediatrics 6 7 Oncology 7 8 Sexual Dysfunction 8 9 Nursing Education 9 A Staff Development A B Hospital/Inpatient B | SUNA website, after logging in, by clicking on 'Member Card' at left and following instructions Thank you for renewing your membership in SUNA | |
| | 5 100% \$21.00 of the membership du | C Office, Clinic, and Outpatient C | Guiding You on Your path to Excellence! | |

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