



MEMBERSHIP RENEWAL FORM

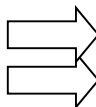
Please provide your email address so SUNA can send your Electronic monthly Newsletter and other valuable membership information. SUNA will not sell or distribute email addresses to third parties.

Membership ID # _____

Name _____ Credentials _____

Address _____ Specify H/W

City _____ State _____ Zip _____



E-mail Address _____

Employer _____

Preferred Telephone _____ Specify H/W

Date of Birth _____

FAST, EASY...Renew online at www.suna.org!

DATA QUESTIONS	MEMBERSHIP DUES																																		
Please circle one answer for each question.																																			
<p>1. LICENSURE / CERTIFICATION</p> <p>1 RN 2 LPN 3 LVN 4 PA 5 Technician 6 MD 7 NP 8 CNS 9 MA A PT Z Other _____</p> <p>2. CERTIFICATION CBUNA Certified</p> <p>1 CWOCN ___ CUNP 2 CCCN ___ CUCNS 3 CNOR ___ CURN 4 CNP ___ CUPA 5 CMA/CNA ___ CUA 6 Other _____</p> <p>3. HIGHEST LEVEL OF EDUCATION</p> <p>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 C MD</p> <p>4. PLACE OF EMPLOYMENT</p> <p>1 Hospital 2 Nursing Home/ECF 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 _____</p> <p>5. YEARS IN UROLOGY</p> <p>1 Less than 1 2 1-5 3 6-10 4 11-15 5 Over 15</p> <p>6. PERCENT OF TIME IN UROLOGY</p> <p>1 1-24% 2 25-49% 3 50-74% 4 75-99% 5 100%</p> <p>7-8. CLINICAL PRACTICE AREA</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Circle All</td> <td style="width:50%; border: none;">Circle Primary</td> </tr> <tr> <td style="border: none;">1 Operating Room/Cystoscopy</td> <td style="border: none;">1</td> </tr> <tr> <td style="border: none;">2 Ambulatory Surgery</td> <td style="border: none;">2</td> </tr> <tr> <td style="border: none;">3 Urodynamics</td> <td style="border: none;">3</td> </tr> <tr> <td style="border: none;">4 Lithotripsy (ESWL)</td> <td style="border: none;">4</td> </tr> <tr> <td style="border: none;">5 Incontinence</td> <td style="border: none;">5</td> </tr> <tr> <td style="border: none;">6 Pediatrics</td> <td style="border: none;">6</td> </tr> <tr> <td style="border: none;">7 Oncology</td> <td style="border: none;">7</td> </tr> <tr> <td style="border: none;">8 Sexual Dysfunction</td> <td style="border: none;">8</td> </tr> <tr> <td style="border: none;">9 Nursing Education</td> <td style="border: none;">9</td> </tr> <tr> <td style="border: none;">A Staff Development</td> <td style="border: none;">A</td> </tr> <tr> <td style="border: none;">B Hospital/Inpatient</td> <td style="border: none;">B</td> </tr> <tr> <td style="border: none;">C Office, Clinic, and Outpatient</td> <td style="border: none;">C</td> </tr> <tr> <td style="border: none;">D Geriatrics</td> <td style="border: none;">D</td> </tr> <tr> <td style="border: none;">E Research</td> <td style="border: none;">E</td> </tr> <tr> <td style="border: none;">F Sacral Nerve Stimulation</td> <td style="border: none;">F</td> </tr> <tr> <td style="border: none;">G Long Term Care</td> <td style="border: none;">G</td> </tr> </table>	Circle All	Circle Primary	1 Operating Room/Cystoscopy	1	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	C Office, Clinic, and Outpatient	C	D Geriatrics	D	E Research	E	F Sacral Nerve Stimulation	F	G Long Term Care	G	<p style="text-align: center;">PAYMENT OPTIONS</p> <p>Active Membership</p> <p>1 year \$ 75.00 2 year \$140.00 3 year \$195.00</p> <p>Sustaining Membership (Physicians/Industry Rep)</p> <p>1 year \$115.00</p> <p>International Membership (Non US or Non Canada)</p> <p>1 year \$ 95.00</p> <p>Sr. Membership</p> <p>1 year \$ 45.00 (Active member for 5 yrs & reached age 62+Proof req'd)</p> <p>Student Nurse</p> <p>1 year \$ 37.50 (Full time undergrad nursing student. Proof req'd)</p> <p style="text-align: center;">PAYMENT</p> <p>___ Check is enclosed (payable in US Funds to SUNA)</p> <p>___ Charge my ___ VISA ___ Master Card ___ AE ___ Disc</p> <p>Amount \$ _____ 3-digit code _____ Exp ___ / ___ (on back of card)</p> <p>Account # _____</p> <p>Signature _____</p> <p style="text-align: center;">You may print out your Membership Card from the SUNA website, after logging in, by clicking on 'Member Card' at left and following instructions</p> <hr/> <p style="text-align: center;">Thank you for renewing your membership in SUNA Guiding You on Your path to Excellence!</p>
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<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>\$21.00 of the membership dues is applied to a subscription to the Urologic Nursing Journal.</p> </div>																																			