

Join Today!

MISSION STATEMENT: *The Society of Urologic Nurses and Associates (SUNA) is a professional organization committed to excellence in patient care standards and a continuum of quality care, clinical practice, and research through education of its members, patients, family and community.*

Membership Benefits and Services

- ◆ Urologic Nursing, Bimonthly Journal
- ◆ National and Regional Conferences
- ◆ Uro-Gram, Bimonthly Newsletter
- ◆ Networking Opportunities
- ◆ Standards of Urologic Nursing Practice
- ◆ SUNA Membership Directory
- ◆ Local Chapter Membership
- ◆ Communication with Colleagues
- ◆ Certification
- ◆ Voting Privileges
- ◆ Discounts on services

SUNA's membership year is April 1-March 31. All memberships expire on March 31. Prorated credit for unused portion of first year's dues will be applied at time of membership renewal.

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
 Recruited by _____

Please circle one answer for each.

1. LICENSURE/CERTIFICATION

- 1 RN
- 2 LPN
- 3 LVN
- 4 PA
- 5 Technician
- 6 MD
- 7 NP
- 8 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 PhD Nursing
- A PhD Other
- B MD

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
- 9 Self-Employed
- A Retired
- B Gov't/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

- (circle 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 circle 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

Please complete application and return with your dues payment to:

SUNA
 East Holly Avenue
 Box 56
 Pitman, NJ
 08071-0056

Fax 856-589-7463
 (credit card payments only)

MEMBERSHIP FEE

- Active \$60 (one year)
- Active \$120 (two years)
- Sustaining \$100 (physicians, industry representatives)
- Senior \$30 (active member for 5 years and has reached age 62)
- International Fee (Non US or Canada)
 - one year \$80
 - two years \$160

PAYMENT

- Check is enclosed (payable in US Funds to SUNA)
- Charge my VISA Amount \$ _____
- Mastercard Exp. ____/____

Acct. # _____ - _____ - _____ - _____

Signature _____

\$20.00 of the membership dues is applied to a subscription to the Urologic Nursing Journal.