



# Pediatric Urology Nurses & Specialists

## MEMBERSHIP APPLICATION FORM

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### OFFICE ADDRESS

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

### HOME ADDRESS

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Address:  Home  Office

### EDUCATION

Professional Certifications and Year Attained: \_\_\_\_\_

\_\_\_\_\_



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## Other Society Memberships:

- AUA                       SPU                       ICCS  
 AAP                       SUNA                       NAPNAP

Others: \_\_\_\_\_

## Areas of Clinical Interest:

- Biofeedback  
 Urodynamics  
 School Nurse  
 Research  
 Other: \_\_\_\_\_

## Are you interested in any of the following Special Interest Groups (SIGs)

- Biofeedback  
 Urodynamics  
 Research

Percentage of time in pediatric urology practice: \_\_\_\_\_

Year Joined PUNS\*: \_\_\_\_\_

\* If you have joined PUNS prior to 2013, your application is now complete. Please proceed to the Payment section below.

If you are new to PUNS, please attach the remaining membership application requirements.

1. CV
2. Copy of your license
3. Letter of support from your sponsor (You must be sponsored by a current member of PUNS, AAP, SPU, SFU, or ICCS)

Please charge \$75.00 Membership Dues to the following credit card:

**Or include a check** (Payable to PUNS)



Name as it appears on Credit Card: \_\_\_\_\_

Billing Address of Card Holder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Where is your Card Security Code? Your credit card's security code is a 3 or 4 digit number located on the front or back of your credit card.





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**Complete and return to:**

**PUNS, 500 Cummings Center, Suite 4400, Beverly, MA 01915 USA; or fax to: 978-524-0461.**