



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: _____



Pediatric Urology Nurses & Specialists

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
- Education

Percentage of time in pediatric urology practice: _____

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 \$125.00 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.



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