



MEMBERSHIP APPLICATION FORM

NSW Urological Nurses Society Inc. (NUNS)

PO Box 613, Marrickville NSW 1475

Email: urological_nurses@hotmail.com

Phone: 02 99904148

Surname:

First Name:

Address:

.....

Post Code:

Email address:

Position held:

Place of employment:

Public facility Private facility Community facility

Preferred Phone no:

New member: yes / no (please circle)

Renewal: yes / no

Annual membership \$50

(\$20 for membership of the Australian and New Zealand Urological Nurses Society)

Method of payment: (please x the appropriate box)

Cheque: payable to: **New South Wales Urological Nurses Society Inc.**

Internet banking transaction: **BSB:** 062132 **Account No:** 10011436 (includes credit card payments). Please include your name as the payee when making an internet banking transaction and,

send the completed Membership form to the NUNS postal OR email address.

(Circle all that Apply)

Clinical Practice Area

Years in Urology

Percentage of time in urology

- | | | |
|---------------------------------|---------------|--------|
| 1) Operating Theatre/Cystoscopy | ▪ Less than 1 | ▪ 25% |
| 2) Ambulatory care | ▪ 1-5 | ▪ 50% |
| 3) Inpatient | ▪ 6-10 | ▪ 75% |
| 4) Urodynamic | ▪ 11-15 | ▪ 100% |
| 5) Oncology | | |
| 6) Lithotripsy (ESWL) | | |
| 7) Incontinence | | |
| 8) Paediatrics | | |
| 9) Aged care | | |
| 10) Research | | |
| 11) Nursing Education | | |
| 12) Other Please specify..... | | |