



Membership Application

www.snrs.org | info@snrs.org

Please Print Clearly:

Name: DR. MRS. MR. MS. _____

Title: _____ Credentials: _____

Affiliation: _____

Preferred Mailing Address: HOME BUSINESS

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Office Phone: _____

Fax Number: _____ E-mail: _____

Gender: MALE FEMALE Ethnicity: CAUCASIAN HISPANIC ASIAN AFRICAN AMERICAN OTHER

A. Membership Dues Schedule: Select only one Membership Category. See reverse side for explanation of journal fee.**

- | | |
|--|---|
| <input type="checkbox"/> *Regular..... \$180 | <input type="checkbox"/> *Retired.....\$115 |
| <input type="checkbox"/> *Associate..... \$180 | <input type="checkbox"/> *Corporate.....\$250 |
| <input type="checkbox"/> *Student..... \$115
(proof of student status required) | <input type="checkbox"/> Institutional.....\$650
(Provide four additional names) |

*Includes subscription to the RINAH Journal

Please indicate your preference for receiving the RINAH Journal: PRINT AND ONLINE ACCESS ONLINE ACCESS ONLY

MEMBERSHIP SUBTOTAL: _____

B. SNRS Grant and Awards Contributions:

Your tax deductible contribution will ensure that the SNRS awards and grants programs will continue

\$25 \$50 \$75 \$100 \$_____

CONTRIBUTION SUBTOTAL: _____

C. Research Interest Groups: Two RIG affiliations are INCLUDED in your dues; additional affiliations are \$15.00 ea.

- | | | |
|---|--|--|
| <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Minority Health Research | <input type="checkbox"/> Qualitative |
| <input type="checkbox"/> Biobehavioral | <input type="checkbox"/> Parent-Child | <input type="checkbox"/> Research in Clinical Settings |
| <input type="checkbox"/> Education | <input type="checkbox"/> Psychiatric/Mental Health | <input type="checkbox"/> Health Systems/Health Policy |
| <input type="checkbox"/> Community Public Health/Health Promotion | | |

RIG SUBTOTAL: _____

D. Check the box to indicate your current research career level:

DOCTORAL STUDENT EARLY CAREER MID-CAREER SENIOR SCIENTIST OTHER _____

- **Students:** Check the box to indicate your student type: GRADUATE UNDERGRADUATE

- **Anticipated Graduation Date:** _____

E. Please check the box that best describes your current employer: ACADEMIC INSTITUTION CLINICAL AGENCY

Payment Information:

CHECK/MONEY ORDER VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____

Signature: _____

Return this form with your payment. Checks or money orders (in U.S. dollars) payable to SNRS.

PO Box 723248, Atlanta GA 31139, USA

Credit Card Payments can be faxed to SNRS at 720-881-6102.

MEMBERSHIP

DUES: \$ _____

OTHER: \$ _____

TOTAL DUE: \$ _____

Please FAX or MAIL your renewal form to the address at left. You may also renew online at www.snrs.org.

Additional Institutional Members:

<p>1. Name: _____</p> <p>Title: _____</p> <p>E-mail: _____</p>	<p>Credentials: _____</p> <p>Work Phone: _____</p>
<p>2. Name: _____</p> <p>Title: _____</p> <p>E-mail: _____</p>	<p>Credentials: _____</p> <p>Work Phone: _____</p>
<p>3. Name: _____</p> <p>Title: _____</p> <p>E-mail: _____</p>	<p>Credentials: _____</p> <p>Work Phone: _____</p>
<p>4. Name: _____</p> <p>Title: _____</p> <p>E-mail: _____</p>	<p>Credentials: _____</p> <p>Work Phone: _____</p>

MEMBERSHIP CATEGORIES

Regular Member – Registered professional nurses interested in/or engaged in nursing research. Membership includes full voting privileges, all newsletters and notices, reduced prices for Annual Conference, right to hold office, and inclusion in searchable online Membership Directory **Dues \$180.00**

Associate Member – Non-nurses interested and/or engaged in nursing research. Membership includes all newsletters and notices, reduced prices for Annual Conference, and inclusion in searchable online Membership Directory **Dues \$180.00**

Corporate Member – Commercial entities with an interest in promoting or supporting nursing research within the regions. One representative will receive Associate Member status, recognition on the SNRS website, two reduced price registrations for Annual Conference, discounts for exhibitor space, and inclusion in online searchable Membership Directory **Dues \$250.00**

Institutional Member – Colleges, universities or health care entities within the region that are interested in promoting nursing research. Five representatives will receive full regular member benefits, reduced price registration for the Annual Conference, recognition on the SNRS website, free posting of faculty positions on website for one month, and inclusion in online searchable Membership Directory **Dues \$650.00**

Student* – Students residing or studying in the Society region who are in a program leading to the first professional or higher degree in nursing. Membership includes full voting privileges, all newsletters and notices, reduced prices for the Annual Conference, and inclusion in online searchable Membership Directory **Dues \$115.00**

**Students must include proof of current enrollment status to receive student member rates.*

Retired Members – Individuals who have been members of the Society and have retired from professional employment. Membership includes full voting privileges, all newsletters and notices, reduced prices for the Annual Conference, and inclusion in online searchable Membership Directory **Dues \$115.00**