



# Individual 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

Please check the box to indicate your current research career level:

DOCTORAL  EARLY CAREER  MID-CAREER  SENIOR SCIENTIST  OTHER \_\_\_\_\_

STUDENT (GRADUATE)  STUDENT (UNDERGRADUATE) ANTICIPATED GRADUATION DATE: \_\_\_\_\_

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

### A. Membership Dues: Select only one Membership Category.

Regular\* ..... \$180  Retired\* ..... \$115

Associate\* ..... \$180  Student\* ..... \$115

\*Includes subscription to the *RINAH Journal* (proof of student status required)

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

**MEMBERSHIP SUBTOTAL:** \_\_\_\_\_

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

- Aging/Gerontology  Minority Health Research  Qualitative
- Biobehavioral  Parent-Child  Research in Clinical Settings
- Education  Psychiatric/Mental Health  Health Systems/Health Policy
- Community Public Health/Health Promotion

**RIG SUBTOTAL:** \_\_\_\_\_

### C. 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:** \_\_\_\_\_

### Payment Information:

CHECK  MONEY ORDER  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

### MEMBERSHIP

**DUES:** \$ \_\_\_\_\_

**OTHER:** \$ \_\_\_\_\_

**TOTAL INCLUDED:** \$ \_\_\_\_\_

Please make check or money order payable to: SNRS | PO Box 723248, Atlanta, GA 31139, USA

Credit Card Payments can be faxed to SNRS at 913-222-8606.

You may also renew online at [www.snrs.org](http://www.snrs.org)

**INDIVIDUAL 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**

**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**