



Dermatology Nurses' Association
Student Member Application
 www.dnanurse.org

435 N. Bennett Street
 Southern Pines, NC 28387
 800-454-4DNA
 fax 910-246-2361
 dna@dnanurse.org

Preferred Address (for membership and meeting materials to be mailed): Home Work

Name _____ Credentials _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone: Home/Cell _____

Email Address _____

College attending or Employer _____ Year in school _____

College or Employer Address _____

City _____ State _____ Zip Code _____

Telephone: College/Work _____

Referred by (Name of DNA member) _____

DNA Membership
 Join or renew today and register at the member rates!

Student Membership • Free for the 1st year
Note: A subscription to the Journal of the Dermatology Nurses' Association (JDNA) can be purchased for \$12.00.

Student Membership Renewal • \$ 25.00
 Includes a subscription to the Journal of the Dermatology Nurses' Association (JDNA).

DNA's membership year is January 1 – December 31. For the first year of membership, all new members will have an expiration date of 12 months from the month joined. After the first year all memberships expire on December 31. Thank you for your membership!

Check enclosed (*payable to DNA in US funds*)
 Charge my _____ AMEX M/C Visa

Card # _____

Exp. Date _____ Amount \$ _____

Signature _____

Proof of student status must accompany application. This includes:
 Current Student ID
 Current Class schedule
 Registration Confirmation
 Other Verification from Educational Institution

DNA occasionally makes available member information to organizations and vendors that provide products and services of value to the dermatology nursing community. If you prefer not to be included in these lists, please check the box provided.

Please provide the following demographic information, if applicable. Check all that apply.

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| <p>1. PROFESSIONAL STATUS:</p> <p><input type="checkbox"/> RN
 <input type="checkbox"/> LPN/LVN
 <input type="checkbox"/> Medical Assistant
 <input type="checkbox"/> Physicians Assistant
 <input type="checkbox"/> Student Nurse</p> <p>2. EMPLOYMENT:</p> <p><input type="checkbox"/> Full Time
 <input type="checkbox"/> Part Time
 <input type="checkbox"/> Not Employed
 <input type="checkbox"/> Retired</p> <p>3. POSITION:</p> <p><input type="checkbox"/> Staff Nurse
 <input type="checkbox"/> Nurse Manager
 <input type="checkbox"/> Clinical Specialist
 <input type="checkbox"/> Supervisor / Coordinator
 <input type="checkbox"/> Nursing Faculty
 <input type="checkbox"/> Administrator
 <input type="checkbox"/> Research Nurse
 <input type="checkbox"/> Medical Assistant</p> <p>4. PRACTICE SETTING:</p> <p><input type="checkbox"/> Inpatient Unit</p> | <p><input type="checkbox"/> Ambulatory Clinic
 <input type="checkbox"/> Rehabilitation/Home Care
 <input type="checkbox"/> Private Practice
 <input type="checkbox"/> Day Care Unit
 <input type="checkbox"/> Phototherapy Unit
 <input type="checkbox"/> Dermatology
 <input type="checkbox"/> Surgery Unit
 <input type="checkbox"/> Other _____</p> <p>5. CLINICAL SPECIALTY:</p> <p><input type="checkbox"/> General Practice
 <input type="checkbox"/> Acne
 <input type="checkbox"/> Cosmetic Dermatology
 <input type="checkbox"/> Cutaneous Oncology
 <input type="checkbox"/> Dermatologic Surgery
 <input type="checkbox"/> Geriatrics
 <input type="checkbox"/> Pediatrics
 <input type="checkbox"/> Psoriasis
 <input type="checkbox"/> Reconstructive Surgery
 <input type="checkbox"/> Wound Healing</p> <p>6. HIGHEST LEVEL OF EDUCATION COMPLETED:</p> <p><input type="checkbox"/> High School</p> | <p><input type="checkbox"/> Diploma-Nursing
 <input type="checkbox"/> Associate Nursing
 <input type="checkbox"/> Associate Other
 <input type="checkbox"/> Bachelor's Nursing
 <input type="checkbox"/> Bachelor's Other
 <input type="checkbox"/> Master's Nursing
 <input type="checkbox"/> Master's Other</p> <p>7. ARE YOU A MEMBER OF THE AMERICAN NURSES ASSOCIATION?
 <i>(Circle one)</i>
 Yes No</p> <p>8. YEARS IN DERMATOLOGY PRACTICE:
 <i>(Circle one)</i>
 0-2 3-5
 6-9 10-14
 15-19 20+</p> <p>9. CLINICAL FOCUS GROUPS:</p> <p><input type="checkbox"/> Cosmetic Dermatology
 <input type="checkbox"/> CTCL/Photopheresis
 <input type="checkbox"/> Office Management</p> | <p><input type="checkbox"/> Lasers
 <input type="checkbox"/> Medical Dermatology
 <input type="checkbox"/> Pediatrics
 <input type="checkbox"/> Phototherapy/Psoriasis
 <input type="checkbox"/> Skin Cancer and Surgery
 <input type="checkbox"/> Clinical or Nursing Research
 <input type="checkbox"/> Wound Care</p> <p>10. HOW DID YOU LEARN ABOUT DNA?</p> <p><input type="checkbox"/> DNA member
 <input type="checkbox"/> Dermatologist
 <input type="checkbox"/> DNA Chapter Meeting
 <input type="checkbox"/> DNA Convention
 <input type="checkbox"/> DNA Education Program
 <i>(Other than convention)</i>
 <input type="checkbox"/> Journal of the Dermatology Nurses' Association
 <input type="checkbox"/> Industry Representative
 <input type="checkbox"/> DNA website
 <input type="checkbox"/> Other _____</p> |
|--|--|---|--|