



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 _____

College attending or Employer _____ Year in school _____

Home Address _____

College or Employer Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Telephone: Home/Cell _____

Telephone: College/Work _____

Email Address _____

Referred by (Name of DNA member) _____

DNA Membership

Join or renew today and register at the membership 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; to purchase complete payment information located to the right.

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

[] DNA posts our new member's name, city, state and credentials in a "Welcome Section" on our media sites. If you prefer we not post your information, please check the box provided.

All Payments in U.S. Dollars

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

Card # _____

Exp. Date _____ Amount \$ _____

Print Name _____

Signature _____

Proof of student status must accompany application. This includes:

- [] Current Student Status
[] 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.

1. PROFESSIONAL STATUS:

- [] RN
[] LPN/LVN
[] Medical Assistant
[] Physicians Assistant
[] Student Nurse
[] Ambulatory Clinic
[] Rehabilitation/Home Care
[] Private Practice
[] Day Care Unit
[] Phototherapy Unit
[] Dermatology Surgery Unit
[] Other _____

2. EMPLOYMENT:

- [] Full Time
[] Part Time
[] Not Employed
[] Retired

3. POSITION:

- [] Staff Nurse
[] Nurse Manager
[] Clinical Specialist
[] Supervisor / Coordinator
[] Nursing Faculty
[] Administrator
[] Research Nurse
[] Medical Assistant

4. PRACTICE SETTING:

- [] Inpatient Unit

5. CLINICAL SPECIALTY:

- [] General Practice
[] Acne
[] Cosmetic Dermatology
[] Cutaneous Oncology
[] Dermatologic Surgery
[] Geriatrics
[] Pediatrics
[] Psoriasis
[] Reconstructive Surgery
[] Wound Healing

6. HIGHEST LEVEL OF EDUCATION COMPLETED:

- [] High School

[] Diploma-Nursing

- [] Associate Nursing
[] Associate Other
[] Bachelor's Nursing
[] Bachelor's Other
[] Master's Nursing
[] Master's Other

7. ARE YOU A MEMBER OF THE AMERICAN NURSES ASSOCIATION?

(Circle one)
Yes No

8. YEARS IN DERMATOLOGY PRACTICE:

(Circle one)
0-2 3-5
6-9 10-14
15-19 20+

9. CLINICAL FOCUS GROUPS:

- [] Cosmetic Dermatology
[] CTCL/Photopheresis
[] Office Management

[] Lasers

- [] Medical Dermatology
[] Pediatrics
[] Phototherapy/Psoriasis
[] Skin Cancer and Surgery
[] Clinical or Nursing Research
[] Wound Care

10. HOW DID YOU LEARN ABOUT DNA?

- [] DNA member
[] Dermatologist
[] DNA Chapter Meeting
[] DNA Convention
[] DNA Education Program (Other than convention)
[] Journal of the Dermatology Nurses' Association
[] Industry Representative
[] DNA website
[] Other _____