



Society of Gastroenterology Nurses and Associates, Inc.

# Membership Application

You may also apply through our web site: [www.sgna.org](http://www.sgna.org)

## CONTACT INFORMATION (Please print or type.)

First MI Last

Nickname

Hospital/Office/Company Name

Please provide both addresses and check your preferred mailing address:

### Work

Street Address

City

State/Province Zip

Country

Phone

Fax

### Home

Street Address

City

State/Province Zip

Country

Phone

Internet/E-Mail Address

Do you have Internet access?  yes  no

## REFERRED BY

(Members who refer other members will be entered into an annual prize drawing.)

The following information will be used for demographic purposes only. Your response is optional but appreciated.

Gender:  Male  Female

Ethnicity:  African-American  Asian  Caucasian  Hispanic/Latino

Native American  Pacific Islander  Other

Do Not Care To Respond

Social Security Number Date of Birth

## PAYMENT INFORMATION • dues subject to change

### A. Membership (SGNA membership runs on a calendar year and is renewable by January 1 of the following year.)

Check the category of membership for which you are applying:

Voting Status	Type	Definition	Annual Dues	Two-Year Dues	18 Month Dues (July 1-December 31)
<input type="checkbox"/> Voting	Licensed Nurse	Limited to Registered Nurses and Licensed Vocational/ Practical Nurses involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$105.00	\$195.00	\$165.00
<input type="checkbox"/> Voting	Associate	Limited to Assistive Personnel - technicians, technologists, assistants involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$105.00	\$195.00	\$165.00
<input type="checkbox"/> Non-Voting	Affiliate	Includes, but is not limited to, physicians, consultants, industry representatives, educators involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$90.00	\$180.00	\$135.00

## Credentials

Education:  PhD  MSN  MS  
 BSN  BS  ADN  
 DIPL

Nursing:  RN  LPN  LVN

Certification:  CGRN  CGN  CGA  
 CGT  CGC

Other

Certification Date:

Other Training:  Technician  Nursing Assistant

## PROFESSIONAL PROFILE

### 1.) Professional Setting (Check one.)

Free Standing/ Ambulatory  Equipment Sales  
 GI Clinic  GI Nursing Floor  
 Inpatient Only  Outpatient Only  
 Inpatient/Outpatient Combination  Manufacturer  
 Physicians Office  
 Other

### 2.) Position (Check one.)

Administrative/ Director  Clinical Specialist  
 Consultant  Educator  
 Head Nurse  Researcher  
 Staff Nurse  Nurse Practitioner  
 Supervisor/ Coordinator  Sales  
 Technician (patient care)  Technician (machine)  
 Other

### 3.) Memberships in Other Nursing Organizations (Check all that apply.)

ANA/SNA  AACN  
 ENA  ASPAN  
 AORN  Sigma Theta Tau  
 Other

### 4.) Primary Patient Population

Adult  Pediatric  Both

### 5.) Year I Began My Nursing Career

### 6.) Year I Began My Career in GI/Endoscopy

### 7.) My Current Position Is

Full-time  Part-time

## B. Regional Societies

All voting members residing in the U.S. are required to affiliate with an SGNA regional society. You will automatically be placed in the closest region to your address.

Regional Society Dues:

### Voting Licensed Nurses and Associates

No additional payment needed  
Included in Annual Dues Amount

### Non-Voting Affiliate

Optional payment, if interested please indicate preferred region above and remit an additional \$15.00 (If after July 1, remit \$7.50.)

**SUBTOTAL A** \_\_\_\_\_  
**SUBTOTAL B** (If applicable): \_\_\_\_\_

**C. E-SIGs (Electronic Special Interest Groups)**

Please **CHECK** box if you would like to join SGNA's e-SIGs. This is an on-line special interest group only. For more information on SGNA e-SIGs visit [www.sgna.org/about/sigs.cfm](http://www.sgna.org/about/sigs.cfm)

**Advanced Practice**

**Ambulatory GI Practice**

**Associates**

**Endoscopic Ultrasound Nursing**

**ERCP**

**GI Professionals in Industry/Business**

**Hepatology**

**Lab Management**

**Legislative**

**LPN/LVN**

**Manometry**

**Nurse Endoscopist**

**Pediatric**

**Pulmonary**

**Research**

**University**

**VA Nurses**

**SUBTOTAL C \$20**

**Method of Payment**

**TOTAL A + B + C =** \_\_\_\_\_

Check enclosed for (amount): \_\_\_\_\_

Charge to credit card (Check one.):

Visa     MasterCard     American Express

Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

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

**Please mail your completed application and payment to:  
SGNA-Membership, 3943 Paysphere Circle, Chicago, IL 60674  
OR fax credit card information to: 312/527-6658. If paying  
by check, please send in a sealed envelope.**

Contributions or gifts to SGNA are not tax deductible as charitable contributions for income tax purposes, but may be deductible as a business expense. Please consult your tax advisor. SGNA Federal I.D. #: 51-014-9057.

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**SGNA-Membership  
3943 Paysphere Circle  
Chicago, IL 60674**