

**PLEASE GIVE THIS TO A FRIEND, COLLEAGUE, OR FELLOW NURSE...
SPACE NURSING SOCIETY**

SURNAME/LAST NAME: _____ GIVEN/FIRST NAME: _____

MAILING ADDRESS:

Street Name or Post Office Box Number

City State or Province ZIP or Postal Code Country

PHONE: _____ ? Work
 _____ ? Home
 - Country Code if outside of North America Area Code ? Cellular-Mobile
 ? FAX

(Alternate)
 PHONE: _____ ? Work
 _____ ? Home
 - Country Code if outside of North America Area Code ? Cellular-Mobile
 ? FAX

E-MAIL ADDRESS: _____

Your email will not be shared, sold, or circulated to anyone without your consent.
 May we send you email notifying you of Space Nursing Society news and events? ? Yes ? No

ACADEMIC-EDUCATIONAL STATUS (check all that apply):

- ? Program, Hospital-trained, or Diploma Nurse
- ? Associates Nursing Degree
- ? Associates (Non-nursing), Please specify area: _____
- ? Bachelors of Science in Nursing (BSN, BScN)
- ? Bachelors (Non-nursing), Please specify area: _____
- ? Masters Entry Nursing (MEPN)
- ? Masters in Nursing (MN, MSN, MScN)
- ? Masters (Non-nursing), Please specify area: _____
- ? Clinical Doctorate of Nursing (DNSc, DoN, DNP)
- ? Doctorate in Nursing (PhD in Nursing)
- ? Doctorate (PhD in other field), Please specify area: _____
- ? Other degree/program/education, Please specify area: _____

OCCUPATIONAL-PROFESSIONAL STATUS (check all that apply):

- ? Nursing Student
- ? Licensed Practical or Licensed Vocational Nurse
- ? Registered Nurse (For UK/EU: what grade nurse are you? _____)
- ? Nurse Midwife
- ? Advanced Practice Nurse or Nurse Practitioner (indicate your area of work): _____
- ? Clinical Nurse Specialist
- ? Nurse Administrator
- ? Nurse Anesthetist
- ? Clinical Nurse Specialist
- ? Other non-nursing professional (indicate your area of work): _____

How many years have you practiced in the healthcare industry? _____

Name 3 clinical areas in which you have experience:

(Continued)

What are your primary interests in the aerospace nursing realm (list 3):

- | | | |
|------------------------------------------|----------------------------------------|----------------------------------------|
| ? Aviation/Aeronautics | ? Ground Crew Management | ? Altitude physiology |
| ? Propulsion Systems | ? Disaster Management/Triage | ? Environmental Stress |
| ? Orbital Mechanics | ? Life Support Systems | ? Sensory Stress (Vision, Orientation) |
| ? Spaceflight Participant Selection | ? Crew Escape Systems | ? Sleep, Rest and Activity Patterns |
| ? Spaceflight Participant Training | ? Flight, EVA and Garment Design | ? Space Nutrition |
| ? Spaceflight Participant Rehabilitation | ? On-board Crew Medical Systems | ? Crew Hygiene |
| ? Telemedicine/Telenursing | ? Fire safety and suppression systems | ? Exercise and Body Maintenance |
| ? Gravitational Biology | ? Aerospace Nursing Management | ? Geriatrics in Microgravity |
| ? Radiation Detection/Countermeasures | ? Aerospace Nursing Marketing | ? Pediatrics in Microgravity |
| ? Diving Training/Management | ? Aerospace Nursing Research | ? OB/GYN in Microgravity |
| ? Pharmacology in Microgravity | ? Psychosocial Aspects of Space Travel | ? Other: |

GETTING INVOLVED

In which of the following ways would you like to get involved in Space Nursing? (check all that apply)

- | | |
|---------------------------------------------------|-------------------------------------------------------------------------|
| ? Apply to become a spaceflight participant | ? Participate in student space nursing opportunities |
| ? Attend ground-based simulations and training | ? Serve as a campus, school, or university representative of SNS |
| ? Attend conferences and regional meetings | ? Serve as a hospital, clinical or organizational representative of SNS |
| ? Participate in the following society committees | ? Serve as a committee chairperson |
| ? Education | ? Run for the following officer position in SNS |
| ? Research | ? President |
| ? Newsletter (<i>Event Horizons</i>) | ? Vice president |
| ? Journal Reviewer | ? Secretary |
| ? Textbook Contributor | ? Treasurer |
| ? Website Contributor | ? Other: _____ |
| ? Membership Recruiter | |
| ? Grant Writer/Reviewer | |
| ? Fundraiser | |
| ? Informatics | |
| ? Pharmacotherapeutics | |
| ? Conference Planning | |

Please return this application and \$40 dues to the address below:

***Space Nursing Society International Headquarters
3053 Rancho Vista Blvd. #H377
Palmdale, CA 93551 USA***

Phone: (661) 949 6780 Fax: (661) 949 7292

Email Questions/Concerns:

**Linda Plush, Executive Director,
lplushsn@ix.netcom.com**



**Space Nursing website:
SpaceNursingSociety.net**