

PLEASE MAIL OR FAX THE COMPLETED FORM TO ONE OF THESE ADDRESSES:

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PERSONAL DETAILS (*indicates mandatory sections – Applications will not be processed unless mandatory fields are completed)

Name* TITLE (Prof., Dr., etc.) FIRST (GIVEN) NAME* MIDDLE INITIAL LAST (FAMILY) NAME* DOCTORAL-LEVEL DEGREE(S)

Position* Institution*

Address (Please check one)* ☐ Home address ☐ Work address

Mailing Address*

City* Zip/Postal Code State/Province Country*

Tel* Fax* Email* ISN Member # (for renewals)

National or Specialty Society Affiliation Date of Birth* / / MONTH DAY YEAR Gender ☐ M ☐ F

Data Privacy: All information requested is strictly for the use of ISN in compliance with international privacy protection legislation. By signing, I agree that ISN may use this data to keep me fully informed of ISN activities, and make my full contact details available to other ISN members. By giving consent my mailing address may be made available to third parties deemed appropriate by the ISN. I also confirm that my data can be exchanged between the ISN and Elsevier for the necessary technical procedures in order to provide me with access to the ISN Journals. If you do not wish to receive third party mailings, please check here ☐. If you do not wish to receive ISN electronic news & updates (except renewal communications), please check here ☐.

AREA OF ACTIVITY (Please check ☒ all that apply)

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Basic Researcher | <input type="checkbox"/> Clinical Researcher | <input type="checkbox"/> Retired | <input type="checkbox"/> Teacher/Educator |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Clinical Practitioner | <input type="checkbox"/> Industry Representative | <input type="checkbox"/> Student | <input type="checkbox"/> Other (PLEASE SPECIFY) |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Nurse | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Technician |

PROFESSIONAL INTEREST (Please check ☒ all that apply)

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Acute Kidney Injury | <input type="checkbox"/> Clinical Nephrology | <input type="checkbox"/> Hemodialysis | <input type="checkbox"/> Membrane Transport | <input type="checkbox"/> Peritoneal Dialysis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> Hemofiltration | <input type="checkbox"/> Mineral Metabolism | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Biostatistics | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Nephrolithiasis | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> Cell & Molecular Biology | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Immunology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Transplantation |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Genetics | <input type="checkbox"/> Interventional / Critical Care Nephrology | <input type="checkbox"/> Pediatric Nephrology | <input type="checkbox"/> Urology |

PRIMARY PRACTICE SETTING (Please check ☒ all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Company | <input type="checkbox"/> Government Hospital | <input type="checkbox"/> Teaching Hospital | <input type="checkbox"/> Other (PLEASE SPECIFY) |
| <input type="checkbox"/> Dialysis Clinic | <input type="checkbox"/> Group Practice | <input type="checkbox"/> Private Hospital | |

MEMBER CATEGORIES (Please check ☒ the appropriate option)

- ☐ **Individual** with subscription to: *Kidney International (KI)* (print & online), *KI Supplements* (online only), and *KI Reports* (online only; new as of 2016)
- ☐ US\$ 217 per year ☐ US\$ 420 for 2 Years ☐ US\$ 623 for 3 Years ☐ US\$ 826 for 4 Years ☐ US\$ 1029 for 5 Years
- ☐ **Member Sponsor** I would like to donate my journal print copy to a colleague from a developing country. I will be contacted for further details
- ☐ **Member in Training** with subscription to: *Kidney International (KI)* (online only), *KI Supplements* (online only), and *KI Reports* (online only; new as of 2016)
- For trainees up to the age of 37. A valid form of identification and proof of training status must accompany application. (You can download proof of status form from our website)
- ☐ **ISN Joint Group** (for a group of 2 - 10 individuals from developing countries**)
- Includes **ONE** shared print subscription to *KI*, online access to *KI*, *KI Supplements*, and *KI Reports* are individual. We require everyone's contact details. Please download and submit the Joint Members Contact Form available in the Apply for Membership section on www.theisn.org
- **Based on World Bank GNI Purchasing Power Parity (2013) of less than Int'l \$ 10,000. A list of countries not applicable for Joint Membership is available on www.theisn.org
- ☐ US\$ 155 per year ☐ US\$ 289 for 2 Years ☐ US\$ 423 for 3 Years ☐ US\$ 557 for 4 Years ☐ US\$ 691 for 5 Years
- ☐ **Associate Member** for renal health professionals who are not MDs (i.e. dietitians, nurses, pharmacists, social workers, and technicians) no access to *KI*
- ☐ US\$ 50 per year ☐ US\$ 100 for 2 Years ☐ US\$ 150 for 3 Years ☐ US\$ 200 for 4 Years ☐ US\$ 250 for 5 Years
- ☐ **Donation** Donate to World Kidney Fund and help give young physicians from the emerging world a unique opportunity to receive lifesaving training in the diagnosis, treatment and prevention of kidney disease. www.worldkidney.org
- ☐ **Seminars in Nephrology – Annual Subscription** provides scholarly review articles focusing on subjects of current importance in clinical nephrology and related fields (new as of 2016)
- ☐ US\$ 60 per year (Individual, Sponsor, Joint Group, Associate Members) - ☐ US\$ 30 per year (In-Training Members)

Donation US\$
Subscription US\$
Membership US\$
GRAND TOTAL US\$

Please note:
ISN has a rolling membership. Membership starts the date payment is received and ends one year later (unless multi-year membership is selected).

Thank you for joining ISN!

The International Society of Nephrology is a US 501(c)(3) not-for-profit organization with the tax identification number 59-1776707

METHOD OF PAYMENT (All dues must be paid in US\$)

- ☐ **Check** (Checks should be made payable to the International Society of Nephrology and are only accepted for US\$ payments)
- Check # / / Dated / / Enclosed US\$
- ☐ **Credit Card** (ALL fields are mandatory. Payments will not be processed unless all fields are completed)
- ☐ American Express ☐ MasterCard ☐ Visa ☐ Discover
- Card Number* / / / / / Expires* / / / MONTH YEAR Security Code/CVC* / /
- Amount US\$ Signature of Card Holder
- Name of Card Holder (as it appears on the card)
- ☐ **Wire Transfer:** please contact membership@theisn.org for banking details