

International Society of Nephrology

JOINT GROUP MEMBERSHIP APPLICATION – ADDITIONAL MEMBER DATA SHEET – PLEASE COPY IF NEEDED

ONLINE OPTION VIA MAIN MEMBER PROFILE AT WWW.THEISN.ORG

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

Global Operations Center

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

Main Member Name* | | | Member #: |
TITLE (Prof.,Dr.,etc.) FIRST (GIVEN) NAME* MIDDLE INITIAL LAST (FAMILY) NAME*

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* / / Gender M F
MONTH DAY YEAR

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 Nature Publishing Group for the necessary technical procedures in order to provide me with access to the Nephrology Gateway. 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 Renal Failure | <input type="checkbox"/> Clinical Nephrology | <input type="checkbox"/> Hemofiltration | <input type="checkbox"/> Mineral Metabolism | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Nephrolithiasis | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> Biostatistics | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Immunology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Transplantation |
| <input type="checkbox"/> Cell & Molecular Biology | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Interventional / Critical Care Nephrology | <input type="checkbox"/> Pediatric Nephrology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Chronic Renal Failure | <input type="checkbox"/> Genetics | <input type="checkbox"/> Membrane Transport | <input type="checkbox"/> Peritoneal Dialysis | <input type="checkbox"/> Other
(PLEASE SPECIFY) |

PRIMARY PRACTICE SETTING (Please check all that apply)

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Company | <input type="checkbox"/> Government Hospital | <input type="checkbox"/> Individual Practice | <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 | | |