

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Gender: Female Male Date of Birth (MM/DD/YYYY) _____

Ethnicity _____

CREENTIAL(S) (Check all that apply):

MD PhD MD, PhD DO MBChB MBBS Other _____

CONTACT INFORMATION

HOME:

Street _____ Apt/Suite# _____

City _____ State/Province _____ Zip _____ Country _____

OFFICE:

Business Name _____

Street _____ Apt/Suite# _____

City _____ State/Province _____ Zip _____ Country _____

REQUIRED INFORMATION

Office Phone _____ Fax _____

Email Address _____

PREFERRED MAILING ADDRESS (Check One): Home Office

2012 MEMBERSHIP FOR (Select One):

DUES
US DOLLARS

<input type="checkbox"/> Active Member (North & Central America)	\$315
<input type="checkbox"/> Corresponding Member (Outside North & Central America)	\$315
<input type="checkbox"/> Affiliate Member (Non-Physician)	\$315
<input type="checkbox"/> Medical Student/Resident Please provide the date your Student/Resident Program Ends: _____	FREE
<input type="checkbox"/> Fellow-in-Training (Nephrology) Member (This information will be verified.) Please provide the date your Nephrology Fellowship Ends: _____ Please provide the name of your Program Director: _____	FREE
<input type="checkbox"/> Retired Emeritus Member	FREE
<input type="checkbox"/> Women in Nephrology (WIN) provides access to senior women in the field of Nephrology who mentor more junior physicians and scientists. Please note that WIN membership is separate from ASN membership.	\$ 75
<input type="checkbox"/> Voluntary Contribution to ASN Grants Program	\$ _____
Grand Total=	\$ _____

ASN Membership is on a calendar-year basis (January-December)

A total of \$78 of your dues is allocated to subscriptions: \$33 for the *Journal of the American Society of Nephrology* (JASN), \$33 for the *Clinical Journal of the American Society of Nephrology* (CJASN), and \$12 for *ASN Kidney News* (KN). Because of these benefits, ASN cannot make exceptions.

ASN Member ID:

(Not Required) _____

JOB ROLE

(Select One)

- Academic Scientist
 Clinician/Educator
 Hospital-Based Physician
 Industry Researcher
 Private Practitioner
 Other _____

ACADEMIC APPOINTMENT

(Select One)

- Adjunct Full-Time
 Part-Time Voluntary
 None

PRIMARY (Required) & SECONDARY FOCUS

(Indicate "1" for Primary and "2" for Secondary.)

- ___ Acute Kidney Injury
 ___ Basic Science
 ___ Chronic Kidney Disease
 ___ Clinical Science
 ___ Dialysis
 ___ Geriatric Nephrology
 ___ Glomerular Disease
 ___ Hypertension
 ___ Interventional Nephrology
 ___ Physiology & Cell Biology
 ___ Transplantation

PAYMENT INFORMATION

- Check (Make checks payable to ASN.
All funds payable in US dollars.)
 American Express
 Master Card
 Visa

Credit Card # _____

Expiration Date _____

Name on Credit Card _____