

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

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

Job Title _____

CREDENTIAL(S) (Check all that apply):

MD PhD MD, PhD DO MBChB MBBS Other _____

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 _____

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

2010 MEMBERSHIP FOR (Select One):	DUES
<input type="checkbox"/> Active Member (North & Central America)	\$275
<input type="checkbox"/> Corresponding Member (Outside North & Central America)	\$275
<input type="checkbox"/> Affiliate Member (Non-Physician)	\$275
<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"/> Voluntary Donation to ASN Grants Program (Tax Deductible)	\$ _____
Grand Total=	\$ _____

ASN Membership is on a calendar-year basis (January-December).
 A total of \$72 of your dues is allocated to subscriptions: \$30 for the *Journal of the American Society of Nephrology* (JASN), \$30 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.

Please mail application to:
ASN
PO Box 890660
Charlotte, NC 28288-0660

Phone: 202/659-0599, Fax: 202/659-0709
 Email: membership@asn-online.org