

# ASN Membership Application



## ASN Member ID

### Designation

☐ MD ☐ PhD ☐ DO ☐ MBChB

☐ MBBS ☐ Other \_\_\_\_\_

### Job Role (Check one)

- ☐ Academic Scientist
- ☐ Clinician/Educator
- ☐ Hospital-based Physician
- ☐ Industry Researcher
- ☐ Private Practitioner
- ☐ Other \_\_\_\_\_

### Academic Appointment (Check one)

- ☐ Adjunct ☐ Full-Time
- ☐ Part-Time ☐ Voluntary
- ☐ None

### Interests (Check all that apply)

- ☐ Acute Kidney Injury
- ☐ Bone & Mineral Metabolism
- ☐ Chronic Kidney Disease
- ☐ Development & Pediatrics
- ☐ Diabetes & Metabolism
- ☐ Dialysis
- ☐ Genetic Diseases of the Kidneys
- ☐ Geriatric Nephrology
- ☐ Glomerular Disease
- ☐ Hypertension & Cardiovascular Disease
- ☐ Interventional Nephrology
- ☐ Molecular & Cellular Physiology
- ☐ Pathology
- ☐ Transplantation & Immunology

### Please send application to:

American Society of Nephrology  
Attn: Member Services  
1401 H St NW, Suite 900  
Washington, DC 20005

Phone: 202-640-4660, Fax: 202-478-0477  
Email: [membership@asn-online.org](mailto:membership@asn-online.org)

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

A total of \$86 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 \$20 for ASN Kidney News (KN). Because of these benefits, ASN cannot make exceptions.

## Personal Information

First Name Middle Name Last Name

Gender: ☐ Female ☐ Male

Date of Birth MM/DD/YYYY

Ethnicity

## Required Information

Office Phone

Fax

Email Address

## Contact Information (Check preferred mailing address)

☐ HOME ☐ OFFICE

Business Name (if applicable)

Street

Apt/Suite #

City

State/Province

Zip

Country

## ASN Membership Type: (Select one)

- ☐ **Active Member** (North & Central America)
- ☐ **Corresponding Member** (Outside North & Central America)
- ☐ **Affiliate Member** (Non-Physician)
- ☐ **Student/Resident**
- ☐ Undergraduate Student
- ☐ Graduate Student
- ☐ Medical Student
- ☐ Resident
- ☐ **Fellow/Trainee**
- ☐ Nephrology Fellow
- ☐ Postdoctoral Trainee
- ☐ **Retired Emeritus Member**

## DUES (USD)

**\$495.00**

**\$495.00**

**\$495.00**

**FREE**

**FREE**

**FREE**

**USD**

**Total Due: \$ \_\_\_\_\_**

## Payment Information All funds payable in US dollars

☐ American Express ☐ MasterCard ☐ Visa ☐ Check (Payable to American Society of Nephrology)

Name on Credit Card

\_\_\_\_\_ /

Credit Card #

Expiration Date

Src code (internal use only) = \_\_\_\_\_