

WOMEN IN NEPHROLOGY

Membership Form

Name _____ Degree _____

Category: _____ Regular Member (\$75) \$ _____
_____ Associate Member (\$30) \$ _____
_____ Allied Health Member (\$30) \$ _____
_____ Regular member (Developing country) No fee
_____ Associate member (Developing country) No fee
_____ Donation (Tax ID # 91-1917790) \$ _____
TOTAL \$ _____

Payments can only be made by check (sorry, no credit cards accepted).

MEMBERSHIP CATEGORIES

Full Member	An individual holding a MD, PhD, or equivalent degree with an interest in nephrology
Associate Member	An individual with a MD, PhD, or equivalent degree (or who is a candidate for such a degree) who is currently enrolled in a nephrology research or clinical fellowship
Allied Health Professional	An individual who is a non-MD, non-PhD renal professional with an active interest in WIN and its goals
Developing Country Member	A regular or associate member from an ISN-designated economically disadvantaged country

Please complete the following section to give us some preliminary data for your file. When you receive your membership, please visit the WIN website (www.womeninnephrology.org), access the WIN database, which is under Member Search, and complete your database file.

Work setting:

Academic Institution
 Clinical Practice
 Industry
 Other: _____

Major Interests:

Adult Nephrology
 Pediatric Nephrology
 Pathology
 Physiology
 Social Work
 Nursing
 Nutrition
 Dialysis technician
 Other: _____

Affiliation and Contact Information:

Clinical Titles/Roles: _____

Academic Rank: _____ NA

University Affiliation: _____ NA

Mailing Address: _____

City: _____ Zip code: _____

Business Phone: (____) _____ FAX: (____) _____

E-mail address: _____

Please mail this membership form and check (payable to Women in Nephrology) to:

Deborah Blue, WIN Assistant
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Washington Hospital Center
110 Irving St., NW
Washington, DC 20010