

**International Society of Renal Nutrition and Metabolism (ISRNM)
MEMBERSHIP ENROLLMENT FORM**



Name and Credentials _____

Company/Institution (if applicable) _____

Address: Home Institution _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone (home) _____ Telephone (work) _____

E-mail Address _____

SUBSPECIALTY

- Hemo Transplant Urology PD Research
 CKD Pediatric Other (specify) _____

| One-Year Membership Option | | |
|-----------------------------------|--|-------|
| <input type="checkbox"/> | ISRNM Member (MD or PhD) | \$150 |
| <input type="checkbox"/> | ISRNM Associate Member (Baccalaureate Degree) | \$135 |
| <input type="checkbox"/> | Dietitians: <i>Dual Membership with ISRNM and National Kidney Foundation includes a subscription to the Journal of Renal Nutrition and e-access to American Journal of Kidney Diseases and Advances in Kidney Disease and Health</i> | \$185 |
| <input type="checkbox"/> | Physicians: <i>Dual Membership with ISRNM and National Kidney Foundation includes a subscription to the American Journal of Kidney Diseases and e-access to Advances in Kidney Disease and Health and Journal of Renal Nutrition</i> | \$465 |

TOTAL \$ _____

PAYMENT METHOD

- Check# _____ Make check payable to: **National Kidney Foundation**
Payments must be made in US\$ by international money order or bank draft drawn on a U.S. Bank

Please charge my: American Express MasterCard Visa Discover Card

Account Number: _____

Expiration Date: ____/____/____ Signature: _____ CVC _____

Return for processing by:

Mail: National Kidney Foundation
 Membership Dept. GPO 5456
 New York, NY 10117-3193 USA

Email:
 membership@kidney.org