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

Name and Credentials

Company/Institution (if applicable)

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City ___________________________________________ State/Province Zip/Postal Code Country

Telephone (home) ___________________________ Telephone (work) ___________________________

E-mail Address

SUBSPECIALTY

☐ Hemo ☐ Transplant ☐ Urology ☐ PD ☐ Research
☐ CKD ☐ Pediatric ☐ Other (specify) ___________________________

<table>
<thead>
<tr>
<th>One-Year Membership Option</th>
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<tbody>
<tr>
<td>☐ ISRNM Member (MD or PhD)</td>
<td>$150</td>
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<tr>
<td>☐ ISRNM Associate Member (Baccalaureate Degree)</td>
<td>$135</td>
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<tr>
<td>☐ Dietitians: 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</td>
<td>$185</td>
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<tr>
<td>☐ Physicians: 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</td>
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