

WIN Membership Application



WIN 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 Kidney
 Geriatric Nephrology
 Glomerular Disease
 Hypertension & Cardiovascular Disease
 Interventional Nephrology
 Molecular & Cellular Physiology
 Pathology
 Transplantation & Immunology

Please send application to:

Women in Nephrology
Attn: Member Services
1401 H St NW, Suite 900
Washington, DC 20005

Phone: 202-640-4660, Fax: 202-478-0477
Email: win@womeninnephrology.org

Personal Information

First Name _____ Middle Initial _____ Last Name _____
Gender: Female Male _____
Date of Birth MM/DD/YYYY _____

Ethnicity _____

Required Personal 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 _____

WIN Membership

- | | USD |
|---|---------|
| <input type="checkbox"/> Women In Nephrology (WIN) provides access to senior women in the field of Nephrology who mentor more junior physicians and scientists. Please note that WIN membership is separate from ASN membership. | \$75.00 |
| <input type="checkbox"/> Student/Resident Please provide the year your program ends: _____ | FREE |
| <input type="checkbox"/> Fellow-in-Training (Nephrology)
Please provide the year your Fellowship ends: _____
Please provide the name of your Program Director: _____ | FREE |
| <input type="checkbox"/> Retired Emeritus Member | FREE |

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