

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

- ☐ **Women In Nephrology (WIN)** provides access to senior women in the field of Nephrology who mentor more junior physicians and scientists. **\$125.00**
Please note that WIN membership is separate from ASN membership.
- ☐ **Student/Resident** Please provide the year your program ends: _____ **FREE**
- ☐ **Fellow-in-Training (Nephrology)** **FREE**
Please provide the year your Fellowship ends: _____
Please provide the name of your Program Director: _____
- ☐ **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