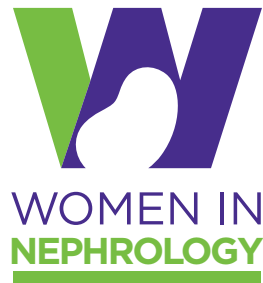


# WIN Membership Application



## WIN Member ID

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### 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  
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"/> <b>Women In Nephrology (WIN)</b> provides access to senior women in the field of Nephrology who mentor more junior physicians and scientists.	<b>\$125.00</b>
<input type="checkbox"/> <b>Student/Resident</b> Please provide the year your program ends: _____	<b>FREE</b>
<input type="checkbox"/> <b>Fellow-in-Training (Nephrology)</b> Please provide the year your Fellowship ends: _____ Please provide the name of your Program Director: _____	<b>FREE</b>
<input type="checkbox"/> <b>Retired Emeritus Member</b>	<b>FREE</b>

### Payment Information All funds payable in US dollars

American Express  MasterCard  Visa  Check (Payable to Women in Nephrology)

\_\_\_\_\_  
Name on Credit Card

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiration Date