



ENROLLMENT INFORMATION (please type or print clearly)

Form with fields for FIRST, MIDDLE, LAST, CREDENTIALS, INSTITUTION/COMPANY NAME, DEPARTMENT, SUITE/ROOM, STREET ADDRESS, CITY, STATE/PROVINCE, ZIP/POSTAL CODE, COUNTRY, TELEPHONE, FAX, E-MAIL.

COUNCIL OF NEPHROLOGY NURSES AND TECHNICIANS (CNNT) Membership includes a one-year subscription to ACKD.

Form with membership options (REGULAR MEMBER \$75, INTERNATIONAL MEMBER \$80, STUDENT\* \$25), SUBSPECIALTY (HEMO, CKD, UROLOGY, PD, TRANSPLANT, PEDIATRIC, RESEARCH), and OCCUPATION (RN, LPN/LVN, ADVANCED PRACTICE NURSE, etc.)

COUNCIL OF NEPHROLOGY SOCIAL WORKERS (CNSW) Membership includes a one-year subscription to JNSW.

Form with membership options (REGULAR MEMBER+ \$65, ASSOCIATE MEMBER+++ \$65, INTERNATIONAL MEMBER \$70, STUDENT\* \$25), SUPER PACKAGE, SUBSPECIALTY (HEMO, PEDIATRIC, RESEARCH, PRE-DIALYSIS CONSULTATION, PD, TRANSPLANT, OTHER), and CERTIFICATION (CDE, CNSD, ADA-DTR, CSR).

COUNCIL ON RENAL NUTRITION (CRN) Membership includes a one-year subscription to JREN.

Form with membership options (REGULAR MEMBER \$75, ASSOCIATE MEMBER+++ \$70, INTERNATIONAL MEMBER \$80, ISRNM ASSOCIATE MEMBER \$40, STUDENT\* \$25), SUBSPECIALTY (HEMO, TRANSPLANT, PEDIATRIC, PD, RESEARCH, UROLOGY, CKD, OTHER), and CERTIFICATION (CDE, CNSD, ADA-DTR, CSR).

ADDITIONAL SUBSCRIPTIONS

DISCOUNTED SUBSCRIPTION RATES ARE AVAILABLE TO AN NKF JOURNAL THAT IS NOT ALREADY INCLUDED WITH YOUR MEMBERSHIP (SEE BROCHURE FOR DETAILS) PLEASE INDICATE YOUR PREFERENCE:

- AMERICAN JOURNAL OF KIDNEY DISEASES(AJKD) AT THE REDUCED RATE OF \$281 FOR DOMESTIC MEMBERS AND \$413 FOR INTERNATIONAL MEMBERS.
ADVANCES IN CHRONIC KIDNEY DISEASE(ACKD) AT THE REDUCED RATE OF \$133 FOR DOMESTIC MEMBERS AND \$156 FOR INTERNATIONAL MEMBERS.
JOURNAL OF RENAL NUTRITION (JREN) AT THE REDUCED RATE OF \$100 FOR DOMESTIC MEMBERS AND \$130 FOR INTERNATIONAL MEMBERS.

PAYMENT INFORMATION

Form for payment information including MEMBERSHIP DUES, ADDITIONAL MEMBERSHIP, TOTAL AMOUNT DUE, DATE, PAYMENT (CASH, CHECK), MAKE CHECK PAYABLE TO: NATIONAL KIDNEY FOUNDATION, PLEASE CHARGE MY (Mastercard, Visa, American Express, Discover), ACCOUNT #, EXPIRATION DATE, SIGNATURE, NAME OF THE CARDHOLDER (PRINT).

MAIL BACK YOUR COMPLETED FORM TO: NATIONAL KIDNEY FOUNDATION, MEMBERSHIP DEPARTMENT, GPO 5456, NEW YORK, NY 10087-5456
SHARE THE GOOD NEWS ABOUT NKF MEMBERSHIP BENEFITS. PHOTOCOPY THIS FORM AND PASS IT ALONG TO A COLLEAGUE.

\* Student must provide letter from school stating status and expected date of graduation.
+ MSW who provides direct and/or indirect ESRD services.

++ Any allied health professional in the field of ESRD who is interested in joining CNSW.
+++ Any allied health professional in the field of ESRD who is interested in joining CRN, such as DTRs.