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

Name and Credentials ___________________________

Company/Institution (if applicable) ____________________________________________

Address: □ Home □ Institution

City __________________________________________ State/Province ____________________
Zip/Postal Code __________________________ Country ____________________________

Telephone (home) __________________________ Telephone (work) ____________________

E-mail Address ______________________________

SUBSPECIALTY
□ Hemo □ Transplant □ Urology □ PD □ Research
□ CKD □ Pediatric □ Other (specify) ____________________________

One-Year Membership Dues

<table>
<thead>
<tr>
<th></th>
<th>Domestic</th>
<th>International</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ISRNM Member (MD or PhD)</td>
<td>$140</td>
<td>$150</td>
</tr>
<tr>
<td>□ ISRNM Associate Member (Baccalaureate Degree)</td>
<td>$125</td>
<td>$135</td>
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<tr>
<td>□ Dietitians: Dual Membership with ISRNM &amp; National Kidney Foundation</td>
<td>$175</td>
<td>$185</td>
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<tr>
<td>□ Physicians: Dual Membership with ISRNM &amp; National Kidney Foundation (includes a subscription to the American Journal of Kidney Diseases and Advances in Chronic Kidney Disease)</td>
<td>$457</td>
<td>$492</td>
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TOTAL $________

PAYMENT METHOD

□ Check# __________ Make check payable to: National Kidney Foundation
Payments must be made in US$ by international money order or bank draft drawn on a U.S. Bank

Please charge my: □ American Express □ MasterCard □ Visa □ Discover Card

Account Number: __________________________________________________________________________

Expiration Date: ______/_______ CVC (security code) ________

Signature: _______________________________________________________________________________

Return for processing by:

Mail: National Kidney Foundation
      Membership Dept. GPO 5456
      New York, NY 10117-3193

Fax: (212) 889.4287

Email: membership@kidney.org

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