

# MEMBERSHIP

NATIONAL KIDNEY FOUNDATION

## ENROLLMENT FORM

### Personal Information (please print)

Last name \_\_\_\_\_ First name \_\_\_\_\_

#### Credentials

##### Specialty:

- Acute kidney injury     CKD     Dialysis  
 Glomerular disease     Hypertension     Primary care  
 Nutrition     Pediatrics  
 Transplantation     Other \_\_\_\_\_

#### Affiliation

Address  Home     Work

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Email (required) \_\_\_\_\_

### Payment Information

Please charge my credit card:

- Mastercard     Visa     Amex     Discover

Account # \_\_\_\_\_

Expiration date \_\_\_\_\_ CVV (security code) \_\_\_\_\_

Name of cardholder \_\_\_\_\_

Signature \_\_\_\_\_

- Enclosed is a check in U.S. dollars made payable to the  
National Kidney Foundation. Check # \_\_\_\_\_

\*International members must pay in U.S. dollars by international money order or bank draft drawn on a U.S. bank.

## MEMBERSHIP OPTIONS

	Domestic (U.S. & Canada)	International
Physician/Scientist	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375
Resident	<input type="checkbox"/> \$100	N/A
Dietitian	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135
Social Worker	<input type="checkbox"/> \$115	<input type="checkbox"/> \$115
Pharmacist	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
Nurse	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120
Advanced Practitioner	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
Technician	<input type="checkbox"/> \$45	<input type="checkbox"/> \$45
Student*	<input type="checkbox"/> \$25	N/A
Nephrology Fellow*	<input type="checkbox"/> Complimentary	N/A

\*Proof of status required.

Multiyear memberships and additional subscriptions available online through [kidney.org/membership](http://kidney.org/membership)

## 4 EASY WAYS TO JOIN

### Online

Join at [kidney.org/membership](http://kidney.org/membership)

### Fax

Fax completed form to **212.889.4287**

### Mail

Complete the enrollment form, and mail to:  
National Kidney Foundation  
Attn: Membership Department  
GPO Box 5456  
New York, NY 10117-3193

### Telephone

Call us toll-free at **888.JOIN.NKF (888.564.6653)**

### Questions?

Email: [membership@kidney.org](mailto:membership@kidney.org)



## GET CONNECTED!

- E-tools
- Clinician support materials
- Free CME and CE activities
- Professional networks



National  
Kidney  
Foundation®

JOIN TODAY  
[kidney.org/membership](http://kidney.org/membership)

MEMBER BENEFITS	Advanced Practitioner	Dietitian	Fellow	Nurse	Pharmacist	Physician/Scientist	Resident	Social Worker	Student	Technician
Free online CE/CME activities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discount to NKF Spring Clinical Meetings	✓	✓		✓	✓	✓	✓	✓		✓
<i>American Journal of Kidney Diseases (AJKD)</i>	**	**	✓	**	**	✓	✓		**	
<i>Advances in Chronic Kidney Disease (ACKD)</i>	**	**	✓	✓	**	✓		**	**	**
<i>Journal of Renal Nutrition (JRN)</i>	**	✓		**		**		**	**	
Discounts to submit articles to <i>Kidney Medicine</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<i>Primer on Kidney Diseases</i>	✓						✓			
<i>Journal of Nephrology Social Work (JNSW)</i>								✓		
Pocket Guide to Nutrition		✓								
Membership in NKF National professional councils	✓	✓		✓				✓		✓
Opportunity to apply for research grants, professional designations, and travel grants	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

\*\* Additional purchase required. To view the full list of benefits, go to [kidney.org/membership](https://www.kidney.org/membership)