

Application for Free ISN In-Training Membership

Supervisor Form

This form is to be completed by the Advisor/Instructor/Professor/Supervisor of the applicant. If submitting multiple applications, please fill in separate forms for each applicant. Completed applications should be emailed to membership@theisn.org.

ISN is pleased to offer the ISN In-Training Membership category for free to all in-training members to better help engage talented members in shaping the future of nephrology worldwide.

Requirements:

- The applicant must be currently enrolled in a nephrology training program.
- Contact details of the Advisor/Instructor/Professor/Supervisor must be submitted.
- End date of the training program must be submitted.

To be completed by the Advisor/Instructor/Professor/Supervisor:

I certify that (student name)* _____ is enrolled in a nephrology training program. The training will end on (MM/DD/YYYY): *___ / ___ / ____.
Please note that the end date will be used as end date for the free membership.

Full Name*: _____

Email*: _____ Phone*: _____

Signature*: _____

Details about the applicant/trainee

First Name*: _____ Last Name*: _____

Name of Organization of Enrollment*: _____

Mailing Address*: _____

Street*: _____

City/State/Province/Postal Code*: _____

Country*: _____

Email*: _____ Phone*: _____

Date of Birth*: Month:___ Day:___ Year:_____ Gender*: ___Female ___Male

ISN Member Number (if already available): _____

*** Indicates required fields. Please note that the form will not be accepted if not complete.**

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