



### Join APSN as an affiliated society!

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The Asian Pacific Society of Nephrology aims to promote and encourage the advancement of scientific knowledge and research in all aspects of nephrology, and to promote the exchange and dissemination of this knowledge in the Asian-Pacific area. It has close links with all regional national societies of nephrology, and with the International Society of Nephrology (ISN). The APSN aims to cater specifically for the needs of the Nephrology community throughout the region, especially fostering the development of high quality nephrology in the less well developed countries of the region.

### Benefits

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As an APSN affiliated society:

- Each affiliated society will have ONE representative on Council, irrespective of membership representation on the APSN Executive Committee.
- Appear on the APSN [website](#)
- You can apply for endorsement of your congresses, courses and events and list them on the APSN website ([application](#) required)
- Members of the affiliated society can receive a discounted rate to register for the APCN Congress
- Members of the affiliated society can apply for the APSN CME travel grant (application required)

### How to Apply

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Submit your application which will be reviewed by the Executive Committee and Council. Upon positive recommendation, the APSN Secretary ratifies the status of the new affiliated society. Applications must be sent by email to [enquiries@apsneph.org](mailto:enquiries@apsneph.org).

They should include:

- The completed application form (see next pages).
- An official letter from the society, addressed to the current [APSN President](#), stating that
  - the society wishes to become an APSN affiliated society
  - the society adheres to the [Declaration of Istanbul](#), the [World Medical Association Declaration of Geneva](#) and the [World Medical Association Declaration of Helsinki](#)
- The constitution (statutes) of the association (in English) or a copy of the society's by-laws
- A short description of the society activities since the past three years
- A list with all your members names and emails to send APSN communications (not mandatory)



Your society contact details			
Society name			
Acronym (if applicable)			
Website			
General email			
Phone		Fax	
Office address			
Main contact person for APSN			
Function with the society			
Email address			
Phone		Fax	
Postal address (if different from office address)			
About your society			
Society year of foundation			
Geographical area covered			
Number of current members			
Members' main areas of professional interest	<input type="checkbox"/> Acute kidney injury <input type="checkbox"/> Anemia <input type="checkbox"/> Biostatistics <input type="checkbox"/> Cell and molecular biology <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Clinical nephrology <input type="checkbox"/> Developmental biology <input type="checkbox"/> Diabetes <input type="checkbox"/> Dialysis <input type="checkbox"/> Genetics <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Hemofiltration <input type="checkbox"/> Hypertension	<input type="checkbox"/> Immunology <input type="checkbox"/> Interventional/critical care nephrology <input type="checkbox"/> Membrane transport <input type="checkbox"/> Mineral bone disease <input type="checkbox"/> Nephrolithiasis <input type="checkbox"/> Pathology <input type="checkbox"/> Pediatric nephrology <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> Pharmacology <input type="checkbox"/> Physiology <input type="checkbox"/> Transplantation <input type="checkbox"/> Urology <input type="checkbox"/> All	
Your members' main occupation	<input type="checkbox"/> Basic researcher <input type="checkbox"/> Clinical practitioner <input type="checkbox"/> Clinical researcher <input type="checkbox"/> Renal nurses	<input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Teacher/educator	
Number of staff members (if relevant)			
Society leadership			
Election terms			
Date of next President elections		Term length	
Current President			
President name		Term started (mm/yyyy)	
Email		Term will end (mm/yyyy)	
Please fill in the email contact details of other leaders of your society if they wish to receive our information			
Secretary name		Term started (mm/yyyy)	
Email		Term will end (mm/yyyy)	
Treasurer name		Term started (mm/yyyy)	
Email		Term will end (mm/yyyy)	
Vice President name		Term started (mm/yyyy)	
Email		Term will end (mm/yyyy)	



Your society educational programs		
<b>Details of current year planned congress</b>	Dates:	
	City, country:	
	Website:	
	Expected number of participants:	
<b>Details of future planned congress</b>	Dates:	
	City, country:	
	Website:	
	Expected number of participants:	
Please give us some information about the society's <b>main scientific Journal</b> ( if applicable ) :		
Please give us some information on the society's <b>main newsletter to members</b> ( if applicable ) :		
Relationship with the APSN		
How would you describe your current relationship with the APSN? <input type="checkbox"/> Active <input type="checkbox"/> Moderately active <input type="checkbox"/> Not very active <input type="checkbox"/> Non-existent		
Is the APSN web link posted on your society website?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Has your annual congress ever benefited from the support of APSN CME Programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Has your annual congress ever been endorsed by APSN?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Has your society ever been involved in public awareness activities and celebrations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
<b>Other collaborations, please specify:</b>		
Documents requested to complete the application		
In order to complete your application, please attach the following documents to this form and send it back by email, or post to the address below.		
1	Letter of intent (see page 1 of this document for details of content)	
2	Constitution of the society in English	
3	Membership list (if you wish to receive our communications)	
4	Brief description of the society activities over the past three years	

In accordance to privacy laws, APSN does not provide contact details of APSN affiliate societies to third parties, including not-for-profit entities. In addition, APSN does not send out individual email campaigns to announce events other than APSN organized meetings or educational sessions.