

ASIAN PACIFIC SOCIETY OF NEPHROLOGY

MEMBERSHIP APPLICATION / RENEWAL FORM

(please **print or type**)

MEMBERSHIP ENTITLEMENTS:

1. *Priority to information on activities of the Society*
2. *Discount at Congresses*
3. *Special discount on subscription to NEPHROLOGY*
4. *Free Online access to NEPHROLOGY via APSN Website*

Name _____
(First name) (Middle name) (Family Name)

Year of Birth: _____ Gender: () Male () Female () Prefer not to say

Ethnicity: () American Indian or Alaska Native () Asian () Black or African American
() Hispanic or Latino () Native Hawaiian or Other Pacific Islander () White

Professional Qualifications: _____

Institution: _____

Correspondence Address: _____

Nationality: _____ Country where you live and work: _____

Current Role (If more than one, please select the main role.):

- () Allied Health (Nephrology Nurse and Renal Dietician included)
- () Enrolled in a PhD or Master Degree
- () Nephrologist
- () Nephrology Trainee
- () Other: _____

Designation: () MD () PhD () MD and PhD () Other: _____

Job Role (If more than one, please select the main role.)

- () Academic Basic Scientist
- () Academic Physician Scientist
- () Clinician/Educator
- () Hospital-based Clinician
- () Industry Researchers
- () Private Practitioner
- () Other: _____

Years of working in the field of Nephrology: _____

The year of finishing Nephrology training (for Nephrologists): _____

Field of expertise:

- () Adult Nephrology
- () Allied Health Clinician
- () Basic Scientist
- () Nursing
- () Pathology
- () Pediatric Nephrology
- () Renal Nutrition
- () Urology
- () Other: _____

Tel No.: () _____ Fax No.: () _____

E-mail Address: _____

Previous Membership status (**circle one**): Non-Member / Existing Member

I wish to: [please check appropriate box]

Join as Life Member (US\$125 or US\$100 for a group of 10 or more)	US\$
Join / renew as Ordinary Member (US\$30 for 3 years)	US\$

TOTAL: US\$

DATE: _____ SIGNATURE: _____

(Day / Month / Year)

PROCEDURES for MEMBERSHIP APPLICATION:

1. Payment of membership subscription should be made by either telegraphic transfer (T.T.) or bank draft:
 - **TELEGRAPHIC TRANSFER (T.T.)** to the following bank account:
Account Name: **Asian Pacific Society of Nephrology**
Account No: **808-087852-838**
Bank Name: **The Hongkong and Shanghai Banking Corporation Limited (Hong Kong Office)**
Swift Code: **HSBCHKHHHKH**
Add US\$8 bank charges (Life Membership: \$133; Ordinary Membership: \$38)
For Group Life Membership: please transfer in one transaction = (\$100 x no. of applicants) + \$8
 - **BANK DRAFT** payable to the **Asian Pacific Society of Nephrology**
Add US\$32 bank charges (Life Membership: \$157 or \$132 per applicant for Group Membership;
Ordinary Membership: \$62)

[All local, intermediate and overseas bank charges or commissions are to be borne by the Applicant and not to be deducted from the membership fee payable to APSN]

2. Please send the **ORIGINAL APPLICATION FORM** and a **COPY of proof of payment** to the *Treasurer*: Prof. CC Szeto, c/o Department of Medicine & Therapeutics, 9th floor, Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, NT, Hong Kong SAR. Email: ccszeto@cuhk.edu.hk; fax: (852) 2637-3852
3. For discounted subscription to *Nephrology*, please contact cs-membership@wiley.com for details.
4. For free online access to *Nephrology* see <https://apsneph.org/members-area/>