

# 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]*

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

**TOTAL: US\$**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Day / Month / Year)

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**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. Desmond Yap, c/o Department of Medicine, Queen Mary Hospital 102 Pokfulam Road, Hong Kong SAR. Email: [desmondy@hku.hk](mailto:desmondy@hku.hk)
3. For discounted subscription to *Nephrology*, please contact [cs-membership@wiley.com](mailto:cs-membership@wiley.com) for details.
4. For free online access to *Nephrology* see <https://apsneph.org/members-area/>