



# American Society of Pediatric Nephrology

## EMERITUS MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Date completing application:

Last Name:

First Name:

Middle Initial:

Date of birth:

Sex: Female  Male

Country of Citizenship:

Visa status (Non U.S. Citizens residing in the U.S.):

### CURRENT PROFESSIONAL ACTIVITY

Retired? Yes  No

If not, please complete the following:

Title/Faculty Rank:

Division/Department:

Institution (University, Hospital or other):

Referred By:

Street Address:

City:

State:

ZIP Code:

Country:

Phone:

Fax:

Email:

Currently an Active Member of ASPN?  Yes  No

If not, please complete the following:

### PROFESSIONAL EDUCATION

Medical/Graduate School:

City:

State:

Degree:

Date of Degree:

Medical/Graduate School:

City:

Degree:

Date of Degree:

### PERCENTAGE OF TIME SPENT IN:

CLINICAL CARE:

Pediatric Nephrology:

General Pediatrics:

Other:

ADMINISTRATION:

EDUCATION:

RESEARCH:

### RESIDENCY TRAINING

Program / Division:

Institution:

City:

State:

Program Director:	
Dates: From:	To:
Program / Division:	
Institution:	
City:	State:
Program Director:	
Dates: From:	To:
<b>FELLOWSHIP TRAINING</b>	
Program / Division:	
Institution:	
City:	State:
Program Director:	
Dates: From:	To:
<b>MEMBERSHIPS IN OTHER PROFESSIONAL SOCIETIES</b>	
<input type="checkbox"/> AAP	<input type="checkbox"/> IPTA
<input type="checkbox"/> ASN	<input type="checkbox"/> IPHA
<input type="checkbox"/> IPNA	<input type="checkbox"/> ISN
<b>PEDIATRIC NEPHROLOGY REFERENCES</b>	
Name:	E-mail address or phone:
Institutional Affiliation:	
Name:	E-mail address or phone:
Institutional Affiliation:	
Name:	E-mail address or phone:
Institutional Affiliation:	
<b>Please return completed application and CV to:</b>	
ASPN Membership 6728 Old McLean Village Drive McLean, VA 22101  Phone: 703-556-9222; Facsimile: 703-556-8729; email: info@asneph.org	

ASPN members are encouraged to participate in committee activities. For a description of committees, please visit the website at <http://www.aspneph.org/Committees/CommitteeHome.asp>. Please indicate if you would like to be contacted by a committee chair for more information or to serve on up to two of the following committees:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Awards        | <input type="checkbox"/> Clinical Affairs & Practice Mgmt. | <input type="checkbox"/> Communications              |
| <input type="checkbox"/> Education     | <input type="checkbox"/> Membership                        | <input type="checkbox"/> Program                     |
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> Research                          | <input type="checkbox"/> Training & Certification    |
| <input type="checkbox"/> Website       | <input type="checkbox"/> Workforce                         | <input type="checkbox"/> Not Interested at this time |