



African Association of Nephrology Membership Update Form

*Please complete all sections requested below.

Title			
Forenames			
Surname			
Qualifications (Please include dates)			
Please indicate your sector type	Public / Academic Sector <input type="checkbox"/>	Private Sector <input type="checkbox"/>	
Department			
Institution Name			
Institution Address			
Physical Address			
City		Country	
Postal Code			
Telephone		Email Address	

Please select the category which is applicable to you. More information on these categories can be found on the website.

Full Member Categories	Fee per annum	Mark with a ✓
Qualified Adult Nephrologist	100 USD	
Qualified Paediatric Nephrologist	100 USD	
Specialist Physician	100 USD	
Specialist Paediatrician	100 USD	
Trainee / Fellow 1 st years fee will be waived	30 USD	
Associate Member Categories		
Paramedic, Nurse, Biomedical Engineer, Technician, Pathologist, Research Scientist	100 USD	
Other – Please specify		
Honorary Member	Complimentary	
Collective and Society Membership Fees	Please contact the Secretariat for more information (info@afnan.org)	
Corporate Membership Fees	Please contact the Secretariat for more information (info@afnan.org)	

***Important note:** Applications of *new* members must be supported. Please also submit your Curriculum Vitae.

This application is supported by:

Proposer:

Name		Institution	
Status		Date	
Signature			

Secunder:

Name		Institution	
Status		Date	
Signature			

For Office Use Only: Approval by Treasurer

Date		Signature	
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