



African Association of Nephrology Membership Application 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 advise if we may add your email address to the AFRAN website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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	50 USD	
Qualified Paediatric Nephrologist	50 USD	
Specialist Physician	50 USD	
Specialist Paediatrician	50USD	
Trainee / Fellow 1 st years fee will be waived	30 USD	
Young Nephrologist	30 USD	
Associate Member Categories		
Paramedic, Nurse, Biomedical Engineer, Technician, Pathologist, Research Scientist	50 USD	
Other – Please specify		
Group Membership		
For five or more people joining as a group	30 USD per person	
Honorary Member		
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)	



For Office Use Only: Approval by Treasurer

Date		Signature	
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