



National Kidney Foundation™ of Illinois

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Scientific Advisory Board Membership Application

January 1, 2009 – December 31, 2009

NAME _____ SPOUSE _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP _____

AFFILIATION(S) _____

TITLE _____

SPECIALTY _____

WORK PHONE _____ HOME PHONE _____

E-MAIL _____ FAX _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED ADDRESS: WORK HOME

I give permission to be listed on the Scientific Advisory Board public list. My name & professional information may be used on the NKFI website and distributed to the public upon request.

I do not wish to be on the public list of the SAB.

I am interested in serving in an advisory capacity to the National Kidney Foundation of Illinois, in the following areas: (Please be specific)

If there are physicians who you think should be included on our Scientific Advisory Board, please list their names, phone numbers and institutions below: _____

I have enclosed a check made payable to the National Kidney Foundation of Illinois for:

\$100.00* to cover my 2009 membership fee.

as a tax-deductible contribution to support the programs and services of the NKFI.

_____ Visa _____ MasterCard _____ American Express _____ Discover Card

Card Number _____ Exp. Date _____

Print Name _____

Signature _____

*No Charge for Fellows and Complimentary 1-year membership to nephrologists in Illinois beginning their practice in 2008 or 2009.