

# ACTIVATE YOUR RPA MEMBERSHIP TODAY.



**Call:** (301) 468-3515   **Fax:** (301) 468-3511

## Mail:

**Renal Physicians Association**  
1700 Rockville Pike, Suite 220  
Rockville, MD 20852

**Online:** www.renalmd.org

## Membership categories and dues rates

*(Please indicate your membership category below)*

### Physician

- \$425—Adult or Pediatric (circle one)
- \$200 Young Physician (nephrologists who are 40 years old or younger and provide birthdate)

Please designate one:

- Young Physician Pediatric Nephrologist
- Young Physician Adult Nephrologist

- \$100 Retired (working 0 hours)

### Fellows (in training)

- \$0—Associate

Name of current training program facility and expected completion date:

\_\_\_\_\_ *Training Program Facility*      \_\_\_\_\_ *Completion Date*

License #: \_\_\_\_\_ State: \_\_\_\_\_

### Practitioners

- \$275 Practice Managers
- \$275 Advanced Practice Nurses
- \$275 Physician Assistant

You must list a professional reference who is an RPA nephrologist member employed by the same practice as yourself.

### Full Name of:

Reference: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Affiliates

- \$200 Electronic Membership (for anyone who is not an actively practicing physician or listed practitioner.)

Current Employer: \_\_\_\_\_

Current Job Title/Occupation: \_\_\_\_\_

\_\_\_\_\_

## 2018 Membership Application

RPA provides timely news, information about RPA products and services and other communications targeted to meet the needs of physicians. To receive these communications, please join today.

*My email address is\**  
*\*(A valid email is required with all credit card payments.)*

\_\_\_\_\_ *First Name*      \_\_\_\_\_ *Middle Initial*      \_\_\_\_\_ *Last Name*

Preferred professional mailing address:

- Home     Office     Both

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *Zip*

\_\_\_\_\_ *Phone*      \_\_\_\_\_ *Fax*

\_\_\_\_\_ *Date of Birth*      \_\_\_\_\_ *Gender*

- By checking this box I am requesting that information not be emailed or faxed to me.

- AMA Member (check if you are a member)

### Method of payment (see rate on left)

- Check (Please make your check payable to: Renal Physicians Association)

- Please charge my:

- Visa     MasterCard     American Express

*\*(A valid email is required with all credit card payments.)*

- Automatic Dues Renewal

*By checking "Automatic Dues Renewal," I authorize RPA to retain my credit card information securely and to charge my credit card to pay my membership dues annually. I understand that my membership dues will automatically be charged to this credit card until RPA receives notification from me instructing association personnel to cancel my participation in Automatic Dues Renewal.*

\_\_\_\_\_ *Credit Card number*      \_\_\_\_\_ *Expiration Date*

\_\_\_\_\_ *Signature*

**Membership dues must be submitted with the membership application. RPA will process payment after the application is approved. Individuals may join at any time during the year**

### For RPA Use:

Date Received: \_\_\_\_\_

Action:  Approved     Denied

\_\_\_\_\_ *Officer Signature*      \_\_\_\_\_ *Date*