



Council on Renal Nutrition of Greater New York
APPLICATION FOR MEMBERSHIP

NAME:
HOME ADDRESS:
CITY/STATE/ZIP:
HOME PHONE:
EMAIL:
EMPLOYER:
WORK ADDRESS:
CITY/STATE/ZIP:
WORK PHONE:
FAX #:
RD #
NATIONAL NKF #

PREFERRED METHOD OF CORRESPONDENCE: (check one):
E-MAIL HOME WORK

CREDENTIAL(S) (check all that apply):
RD MS MA PhD CSR (Renal) CNSD
CDE CDN OTHER

MEMBERSHIP(S) (check all that apply):
ADA Renal Practice Group Greater NY Dietetic Association
NKF Council on Renal Nutrition Other

AREA(S) OF EMPLOYMENT (check all that apply):
In-Center HD Home HD PD
Acute Care Industry Research
Teaching Consultation Other

MEMBERSHIP DUES: \$25.00/year
\$10.00/year (Student Registration Fee)

Membership will begin in the month that the application and dues are received, and will remain active for one year.

PLEASE NOTE: The educational meetings will be FREE to all paying members. Non-members will be charged \$5.00 per credit for each meeting attended.

MAKE CHECK PAYABLE TO: CRN of Greater New York
Please return the completed application and check to:

CRNofGNY
Attn: Steve Della Croce 440 Lakeview Road, Bellmore NY 11710

FOR OFFICE USE ONLY: Date received
Check # Amount

UNDERGRADUATE EDUCATION:

DEGREE: MAJOR:

GRADUATE EDUCATION:

DEGREE: MAJOR:

INTERNSHIP/6-MONTH EXPERIENCE/AP4

OTHER EDUCATIONAL EXPERIENCE(S):

NUMBER OF YEARS IN RENAL DIETETICS:

PLEASE COMPLETE THE FOLLOWING MEMBER NEEDS SURVEY:

The best day of the week for meetings is:
M TU W TH F

The best time of the day for meetings is:
Morning Afternoon Evening

The best length of time for meetings is:
2 hours half day all day

Meetings are usually held in Manhattan. Is this a good location for you?
Yes (Where?)
No, please provide suggestions for meeting locations

If no, would you be willing to hold a meeting at your facility?
Yes (Where?) No

I usually consider when selecting meetings:
Topic Location Time Fee
CE Credits Transportation Speaker

I think CRN of Greater New York should hold a meeting on the topic of

Please indicate which committee(s) you would like to work on. The Committee Chairperson will contact you for further information and details (check all that apply):

Professional/Patient Education Membership

How were you informed about the CRN of Greater New York:

Please write additional comments and suggestions on the back of this application. Thank you.