



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: Kitty Chau 8691 19th Avenue, Apt. 2, Brooklyn, NY 11214

| | |
|----------------------|---------------------|
| 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.