



# INTERNATIONAL SOCIETY FOR PERITONEAL DIALYSIS

## Institutional Membership

A nephrology institute from eligible countries or regions with interest in or practice of peritoneal dialysis may join the ISPD as an *institutional member*. There shall be ONE *principal member* within each institution. He / She can nominate up to another 9 members (*nominated members*) from the same institute. The principal member shall be responsible for all correspondence with the ISPD. The same principal and nominated members shall be renewed every year.

The rights and benefits of the institutional member include:

1. One copy of each issue of the official journal of the ISPD, Peritoneal Dialysis International, and the newsletter of the ISPD will be sent to the principal member. The principal member shall be responsible for distribution of the journal and newsletter to other nominated members from the same institute.
2. Both the principal and nominated members are eligible for ISPD member special registration rate in the courses, meetings or congresses organized by the ISPD.
3. Both the principal and nominated members are eligible for access to the current issues and archives of Peritoneal Dialysis International online. Any password offered to the members shall not be passed to persons outside the list of the principal and nominated members. If the access password is passed to anyone other than the 10 total members, institutional membership shall be revoked for all members.
4. Both the principal and nominated members are eligible to apply for scholarships, traveling grants and research grants of the ISPD whenever available.
5. ONLY the principal member shall have voting rights in the ISPD.

**The annual rate for an institutional member is US \$145.00**

**\* This rate is available by special request by the principal member, and cannot be subsidized by an industry sponsor.**

Eligible Countries: All countries *except* the following:

Andorra	Hong Kong, China	Slovenia
Aruba	Iceland	Spain
Australia	Ireland	Sweden
Austria	Israel	Switzerland
Bahamas, The	Italy	Taiwan
Bahrain	Japan	United Arab Emirates
Belgium	Korea, Rep.	United Kingdom
Bermuda	Kuwait	United States
Brunei	Liechtenstein	Virgin Islands (U.S.)
Canada	Luxembourg	
Cayman Islands	Macao, China	
Channel Islands	Monaco	
Cyprus	Netherlands Antilles	
Denmark	New Caledonia	
Faeroe Islands	New Zealand	
Finland	Northern Mariana Islands	
France	Norway	
French Polynesia	Portugal	
Germany	Qatar	
Greece	San Marino	
Greenland	Saudi Arabia	
Guam	Singapore	



# INTERNATIONAL SOCIETY FOR PERITONEAL DIALYSIS

## 2013 Institutional Membership Application / Renewal Form

WWW.ISPD.ORG

### Principal member:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job title: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_

### Nominated members:

Name	Job title	E-mail address	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

### Mailing/Contact Information:

Institute: \_\_\_\_\_

Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Peritoneal Dialysis International Journal Options (please select one):

Print Only

Online Only

Print & Online

*New members who order the online option will receive their customer number and instructions for obtaining online access. The username and password created upon activation is to be shared by both the principal and nominated members. Renewing members will keep the same user name and password for 2013 online access, which is active once payment is processed. For the print option, the principal member will receive the journal by mail.*

### Payment Options

Cheque or Money Order enclosed (made payable to Multimed Inc. in US Dollars, drawn from a Canadian or US financial institution)

Credit Card: Charge \$ \_\_\_\_\_ USD to my:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Send completed form by FAX to 905-875-2864, by E-MAIL to [subscription@multi-med.com](mailto:subscription@multi-med.com), or MAIL completed form and payment to: Multimed Inc., 66 Martin St., Milton, Ontario, L9T 2R2, Canada.