

ISRNM Membership Award Announcement

January 11, 2016

The International Society of Renal Nutrition and Metabolism (ISRNM, www.RenalNutrition.com) is proud to announce up to 200 free membership awards with exclusive on-line access to the *Journal of Renal Nutrition* (JReN, www.jrnjournal.org) during the year 2016/2017 for any eligible candidate who is in training in renal nutrition or who is an early-career person (in the first 5 years post-graduation or after fellowship) engaged in the field of renal nutrition. Applicants and nominees can be from any relevant discipline (including physicians and dietitians, MDs, RDs, PhDs, etc.) and from any country throughout the world. Those who receive this award will become members of the ISRNM with on-line access to JReN for one year, with the option of applying for a 2nd year if eligible and if ISRNM award funds remain available.



To be considered for this award, the applicant/nominee needs to fill out the attached form and email it to Ms. Elke Frohmüller Frohmueller_E@ukw.de in the ISRNM office.

Application/nomination for the ISRNM membership award with on-line access to Journal of Renal Nutrition for one year (may be renewed for a 2nd year if eligibility continues and if awards available):

Name: First: _____ Last: _____ Middle initial: _____

Email: _____ Phone with County Code: _____

Year-month-day of birth (e.g. 1988-10-17): _____ Place (country): _____

Place of CURRENT work or education: City: _____ Country: _____

Last degree: _____ Month/Year: _____ Country: _____

Other degrees: _____ Month/Year: _____ Country: _____

What is your current position: _____

Applicant's Name First: _____ Last: _____ Middle initial: _____

Please explain your eligibility as a trainee or early-career in RENAL NUTRITION: _____

I confirm that the above is correct.

Name or signature: _____ Date: _____

Applicant: Name: First: _____ Last: _____ Middle initial: _____

ENDORSEMENT: Please ask a member of the ISRNM or a recognized expert in renal nutrition (or your mentor or advisor in case former not available) to fill out this section. **The above person is applying for the ISRNM membership award. Please add why you think the applicant/nominee is eligible:**

Name: First: _____ Last: _____ Middle initial: _____

Email: _____ Phone with County Code: _____

Place of CURRENT work or education: City: _____ Country: _____

What is your current position: _____

I confirm that the above is correct.

Name or signature: _____ Date: _____