



National Kidney Foundation™ of Illinois

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Scientific Advisory Board Membership

January 1, 2012 – December 31, 2012

NAME _____ SPOUSE _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP _____

AFFILIATION(S) _____

TITLE _____

SPECIALTY _____

WORK PHONE _____ HOME PHONE _____

E-MAIL _____ FAX _____

PREFERRED ADDRESS: WORK HOME

I give permission to be listed on the Scientific Advisory Board public list. My name & professional information may be used on the NKFI website and distributed to the public upon request.

I do not wish to be on the public list of the SAB.

I am interested in serving in an advisory capacity to the National Kidney Foundation of Illinois, in the following areas: (Please be specific)

If there are physicians who you believe should be included on our Scientific Advisory Board, please list their names, phone numbers and institutions below:

I have enclosed a check made payable to the National Kidney Foundation of Illinois for:

\$100.00 to cover my 2012 membership fee

\$_____ as a tax-deductible contribution to support the programs and services of the NKFI.

____ VISA ____ MasterCard ____ American Express ____ Discover Card

Card Number _____

Exp. Date _____

Print Name _____

Signature _____

Please email to Nicole Sisen at nsisen@nkfi.org or fax to 312-321-1505.