



# National Kidney Foundation™ of Illinois

215 West Illinois Street, Chicago, IL 60610  
(312) 321-1500 Phone • (312) 321-1505 Fax

## *Scientific Advisory Board Membership Application*

January 1, 2008 – December 31, 2008

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Affiliation(s) \_\_\_\_\_

Title \_\_\_\_\_

Specialty \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_ Fax Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Address (please circle):      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 think should be included on our Scientific Advisory Board, please list their names, phone numbers and institutions below:* \_\_\_\_\_

*I have enclosed the \$100.00\* membership fee, made payable to the National Kidney Foundation of Illinois*

\_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ American Express    \_\_\_\_\_ Discover Card

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*No Charge for Fellows and Complimentary 1-year membership to nephrologists in Illinois beginning their practice in 2007