

Join ISN as an affiliated society!

Would you like to join a truly global medical society supporting research, education, and advocacy, and dedicated to advancing kidney health worldwide?

An ISN affiliated society is a national or regional society that provides member benefits to advance nephrology and related disciplines in a country or region. Several affiliated societies in one country can apply to become an ISN affiliated society, representing the same discipline in one country or region.

Affiliated societies run activities that conform to the ISN mission of advancing worldwide kidney health. Over 100 affiliated societies are already members of the ISN community.

Benefits

As an ISN affiliated society:

- Get a seat on your ISN region's regional board; ISN membership is required for the person representing your society on this board
- Appear on the ISN [website](#)
- You can apply for endorsement of your congresses, courses and events and list them on the ISN website ([application](#) required)
- Receive a WCN basic exhibitor pack at a discounted rate
- As institutional partner, take part in a networking session and a social event organized by ISN

How to Apply

Submit your application which will be reviewed by the executive committee and regional board. Upon positive recommendation, the ISN council ratifies the status of the new affiliated society. Applications must be sent by email to membership@theisn.org or by mail to:

International Society of Nephrology
Avenue des Arts, 2 – 1210 Brussels, Belgium

They should include:

- The completed application form (see next pages).
- An official letter from the society, addressed to the current [ISN President](#), stating that
 - the society wishes to become an ISN affiliated society
 - the society adheres to the [Declaration of Istanbul](#), the [World Medical Association Declaration of Geneva](#) and the [World Medical Association Declaration of Helsinki](#)
- The constitution (statutes) of the association (in English)
- A short description of the society activities over the past three years
- A Declaration of funding sources.
- Not mandatory, a list with all your members names and emails to send ISN communications

| Your society contact details | | | |
|---|---|---|--|
| Society name | | | |
| Acronym (if applicable) | | | |
| Website | | | |
| General email | | | |
| Phone | | Fax | |
| Office address | | | |
| Main contact person for ISN | | | |
| Function with the society | | | |
| Email address | | | |
| Phone | | Fax | |
| Postal address (if different from office address) | | | |
| About your society | | | |
| Society year of foundation | | | |
| Geographical area covered | | | |
| Number of current members | | | |
| Members' main areas of professional interest | <input type="checkbox"/> Acute renal failure <input type="checkbox"/> Anemia <input type="checkbox"/> Biostatistics <input type="checkbox"/> Cell and molecular biology <input type="checkbox"/> Chronic renal failure <input type="checkbox"/> Clinical nephrology <input type="checkbox"/> Developmental biology <input type="checkbox"/> Diabetes <input type="checkbox"/> Dialysis <input type="checkbox"/> Genetics <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Hemofiltration | <input type="checkbox"/> Hypertension <input type="checkbox"/> Immunology <input type="checkbox"/> Interventional/critical care nephrology <input type="checkbox"/> Membrane transport <input type="checkbox"/> Mineral metabolism <input type="checkbox"/> Nephrolithiasis <input type="checkbox"/> Pathology <input type="checkbox"/> Pediatric nephrology <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> Pharmacology <input type="checkbox"/> Physiology <input type="checkbox"/> Transplantation <input type="checkbox"/> Urology | |
| Your members' main occupation | <input type="checkbox"/> Basic researcher <input type="checkbox"/> Clinical practitioner <input type="checkbox"/> Clinical researcher | <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Teacher/educator | |
| Number of staff members (if relevant) | | | |
| Society leadership | | | |
| Election terms | | | |
| Date of next President elections | | Term length | |
| Current President | | | |
| President name | | Term started (mm/yyyy) | |
| Email | | Term will end (mm/yyyy) | |
| Please fill in the email contact details of other leaders of your society if they wish to receive our information | | | |
| Secretary name | | Term started (mm/yyyy) | |
| Email | | Term will end (mm/yyyy) | |
| Treasurer name | | Term started (mm/yyyy) | |
| Email | | Term will end (mm/yyyy) | |
| Vice President name | | Term started (mm/yyyy) | |
| Email | | Term will end (mm/yyyy) | |

| Your society educational programs | | |
|---|--|--|
| Details of current year planned congress | Dates: | |
| | City, country: | |
| | Website: | |
| | Expected number of participants: | |
| Details of future planned congress | Dates: | |
| | City, country: | |
| | Website: | |
| | Expected number of participants: | |
| Please give us some information about the society's main scientific journal : | | |
| Please give us some information on the society's main newsletter to members : | | |
| Relationship with the ISN | | |
| How would you describe your current relationship with the ISN? <input type="checkbox"/> Active <input type="checkbox"/> Moderately active <input type="checkbox"/> Not very active <input type="checkbox"/> Non-existent | | |
| Is the ISN web link posted on your society website? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | |
| Has your annual congress ever benefited from the support of ISN CME Program? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | |
| Has your annual congress ever been endorsed by ISN? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | |
| Has your society ever been involved in World Kidney Day activities and celebrations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | |
| Other collaboration, please specify: | | |
| | | |
| Documents requested to complete the application | | |
| In order to complete your application, please attach the following documents to this form and send it back by email, or post to the address below. | | |
| 1 | Letter of intent (see page 1 of this document for details of content) | |
| 2 | Constitution of the society in English | |
| 3 | Membership list (if you wish to receive our communications) | |
| 4 | Brief description of the society activities over the past three years | |
| 5 | Declaration of Funds | |

In accordance to the privacy laws, ISN does not provide contact details of ISN affiliate societies to third parties, including not-for-profit entities. In addition, ISN does not send out individual email campaigns to announce events other than ISN organized meetings or educational sessions.