



IPNA
GREAT CARE FOR LITTLE KIDNEYS EVERYWHERE

2017 IPNA MEMBERSHIP APPLICATION/RENEWAL FORM

Please fill in this form directly on the .pdf and send it to: ipna-membership@europa-organisation.com

MEMBER Dr or Pr or Mr or Ms

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Country: _____ Email: _____@_____

MEMBERSHIP		
<input type="checkbox"/> None	<input type="checkbox"/> Japanese Society of Pediatric Nephrology	<input type="checkbox"/> African Society of Pediatric Nephrology
<input type="checkbox"/> American Society of Pediatric Nephrology	<input type="checkbox"/> Latin American Society of Pediatric Nephrology	<input type="checkbox"/> Australia/New Zealand Society of Pediatric Nephrology
<input type="checkbox"/> European Society of Pediatric Nephrology	<input type="checkbox"/> Asian Pediatric Nephrology Association	<input type="checkbox"/> Other: _____

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Account's Holder: EUROPA GROUP

Bank's name and address: HSBC Toulouse – 64, rue de Metz – 31001 Toulouse Cedex – FRANCE

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Collection by Europa Group on behalf of the International Pediatric Nephrology Association.

Should you require additional information, please contact: ipna-membership@europa-organisation.com