## **Working Groups / New Member**

Title:

**First Name:** 

**Last Name:** 

e-mail:

## **Working Group Titles:**

• Transplantation: yes / no

• **Dialysis**: yes / no

• **CKD/ MBD**: yes / no

• CAKUT, UTI and bladder disorders: yes / no

• Inherited Renal Disorders: yes / no

• Idiopathic Nephrotic Syndrome: yes / no

• Immune mediated renal disorders: yes / no