

2017 MEMBERSHIP APPLICATION – DEVELOPING COUNTRIES

NAME (PLEASE PRINT CLEARLY)							
Prefix:	First Name (Given Name):	Middle Name:	Last Name (Family Name) and Suffix:				
BUSINESS ADDRESS (FOR MEMBER DIRECTORY LISTING)				HOME ADDRESS (OPTIONAL)			
Institution/Company:		Dept/Div:		Street/PO:			
Street/PO:				Apt #:			
City	State/Province	Zip/Postal Code	Country	City	State/Province	Zip/Postal Code	Country
Telephone:		Fax:		Telephone:		Fax:	
Email:		Website:		Email:			
Society Correspondence: <input type="radio"/> Business Address <input type="radio"/> Home Address				Mail journals to: <input type="radio"/> Business Address <input type="radio"/> Home Address			
DEMOGRAPHIC INFORMATION AND PROFESSIONAL PROFILE							
Professional/Academic Degree(s):		Professional Title:		Date of Birth: _____ <small>Month / Day / Year</small>		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Primary Constituency <input type="radio"/> Basic Science <input type="radio"/> Clinical Science <input type="radio"/> Clinical Practice *		Institution Type <input type="radio"/> Academic <input type="radio"/> Pharmaceutical/Industry <input type="radio"/> Government <input type="radio"/> Private Research Firm/Institute <input type="radio"/> Hospital/Clinic <input type="radio"/> Private Practice <input type="radio"/> Other: _____		Board Certification and Year: _____ Subspecialty Certification and Year: _____ * Are you accepting new patients and want to be listed in the Hormone Health Network's "Find-An-Endocrinologist" directory? <input type="radio"/> YES <input type="radio"/> NO			
Professional Roles <i>(Please mark <u>P</u> for primary and <u>S</u> for secondary)</i> ___ Administrator/Manager ___ Retired ___ Nurse/Healthcare Professional ___ Student (<i>Undergrad/Grad/Med</i>) ___ Physician-in-Practice ___ Teacher/Educator ___ Basic Scientist ___ Trainee/Fellow ___ Clinical Scientist ___ Other _____				Race of Ethnic Affiliation (voluntary) <input type="radio"/> African American/Black <input type="radio"/> Pacific Islander <input type="radio"/> Asian <input type="radio"/> Native American/Eskimo/Aleut <input type="radio"/> Hispanic <input type="radio"/> Other _____ <input type="radio"/> White/Caucasian			
				How did you hear about becoming a member of the Endocrine Society?			
IN-TRAINING STATUS FOR FELLOW/STUDENT ASSOCIATES							
Program Director and/or Mentor Information: Name and Title: _____ Email Address: _____ Institution and Department/Division: _____				In which training program are you currently enrolled? Anticipated Training Completion Date: _____ (<i>Required</i>)			
				<input type="radio"/> Clinical Fellowship <input type="radio"/> Postdoctoral/Research Fellowship <input type="radio"/> Graduate School		<input type="radio"/> Internship/Residency <input type="radio"/> Medical School <input type="radio"/> Undergraduate School <input type="radio"/> Other _____	
MEMBERSHIP DUES (TERM JANUARY 1, 2017 – DECEMBER 31, 2017)							
	Full Member	Early Career Member	In-Training Member	Associate Member			
Tier 3:	<input type="radio"/> \$80	<input type="radio"/> \$50	<input type="radio"/> \$20	<input type="radio"/> \$60			
Tier 2:	<input type="radio"/> \$60	<input type="radio"/> \$40	<input type="radio"/> \$15	<input type="radio"/> \$60			
Tier 1:	<input type="radio"/> \$40	<input type="radio"/> \$30	<input type="radio"/> \$10	<input type="radio"/> \$40			
JOURNAL SUBSCRIPTIONS (EXPIRES DECEMBER 31, 2017)							
In addition to your discounted dues rate, you will receive free online access to the Society's three monthly research journals — <i>Endocrinology</i> and <i>JCEM</i> . You may subscribe to any additional journals at the discounted member rate below.							
OPTIONAL PRINT JOURNALS		International	International Expedited	In-Training (Online Only)			
<i>Endocrinology</i>		<input type="radio"/> \$225	<input type="radio"/> \$324	Included			
<i>Jrnl of Clinical Endocrinology & Metab</i>		<input type="radio"/> \$225	<input type="radio"/> \$324	Included			
<i>Endocrine Reviews</i>		<input type="radio"/> \$135	<input type="radio"/> \$189	<input type="radio"/> \$10			
PAYMENT INFORMATION							
Dues:		\$ _____		Credit Card Number		Expiration Date (<i>Month/Year</i>)	
Journals:		\$ _____		Name of Cardholder (please print):			
Total Payment:		\$ _____		Billing Address			
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Check Please enclose a check or money order made payable to "Endocrine Society" in US funds only, drawn on a bank with US branch, or complete credit card information to the right.		Signature _____ Your signature authorizes your credit card to be charged for the Total Payment. The Endocrine Society reserves the right to charge the correct amount if different from the Total Payment amount.					

MEMBERSHIP CRITERIA

FULL and EARLY CAREER** MEMBERS

The Endocrine Society welcomes applications for Full or Early Career Membership from professionals who have a commitment to endocrine research, practice or education; hold a doctoral degree in a related field; and meet at least one of the following four criteria:

1. Published Author

You have published meritorious endocrine-related work in peer-reviewed, internationally recognized journals, and you are the first (or senior) author on at least one of these publications.

Documentation to support application: Curriculum Vitae including a list of your publications with bibliographic references.

2. Board Certified Physician

You are Board-certified (or Board eligible) by your nation's accreditation body in one of the following areas: Endocrinology, Diabetes, and Metabolism; Pediatric Endocrinology; or Obstetrics/Gynecology.

Documentation to support application: Proof of Board certification (or proof of Fellowship completion) or in-country license to practice in one of the above areas.

3. Educator

You have made an ongoing, significant contribution to the teaching of endocrinology with at least five years' experience as a clinical or basic science instructor of undergraduate or higher-level students or your in-house staff.

Documentation to support application: Curriculum Vitae and list of topics, dates, frequency and audience of teaching activities.

4. Other

You hold a doctorate degree and have interests, involvement and contributions made in the field of endocrinology.

Documentation to support application: Curriculum Vitae and a personal statement that provides evidence of creative, research-oriented, educational or clinical activities in the field of endocrinology.

** Early Career: one - three years after completion of training.

ASSOCIATE MEMBERS

The Endocrine Society offers Associate-level memberships to applicants who are committed to the field of endocrinology; demonstrate leadership in the endocrine field as an educator, speaker, advocate or administrator); and meet the criteria in one of the four categories listed below. If you meet the criteria for Full Membership, the Endocrine Society will accept you as a Full Member even if you have applied for one of the Associate-level memberships.

1. Research Associate

You are committed to endocrine research, education and practice with evidence of ongoing supportive efforts in endocrine research; holds at least a BA or BS degree. You are not eligible for this membership group if you are a fellow or student.

Documentation to support application: Curriculum Vitae

2. Healthcare Associate

You hold a license and/or certification such as a registered nurse, certified diabetic educator, nurse practitioner, pharmacist, registered dietitian, or physician assistant.

Documentation to support application: Proof of license or certification.

3. Affiliate Associate

You are a senior level corporate, government or non-profit manager representing research and development, medical affairs, medical education, marketing, professional affairs, regulatory affairs, or quality control and assurance.

Documentation to support application: Curriculum Vitae (or Resume) and a personal statement that reflects your interest, involvement and contributions to the field of endocrinology.

4. In-Training Associate

You are enrolled in an endocrinology-related educational program as a medical resident, medical student, graduate student, or undergraduate student.

Documentation to support application: Completion of the In-Training Status section on application form.

WORLD BANK DESIGNATED DEVELOPING COUNTRIES

TIER 3:	Iran, Islamic Rep.	Suriname	Kenya	Tajikistan	Haiti
Albania	Iraq	Thailand	Kiribati	Timor-Leste	Korea, Dem Rep.
Algeria	Jamaica	Turkey	Kosovo	Tonga	Liberia
American Samoa	Jordan	Turkmenistan	Kyrgyz Republic	Tunisia	Madagascar Malawi
Angola	Kazakhstan	Tuvalu	Lao PDR	Ukraine	Mali
Azerbaijan	Lebanon	Venezuela	Lesotho	Uzbekistan	Mozambique
Belarus	Libya		Mauritania	Vanuatu Vietnam	Nepal
Belize	Macedonia, FYR	TIER 2:	Micronesia, Fed. Sts.	West Bank and Gaza	Niger
Bosnia and Herzegovina	Malaysia	Armenia	Moldova	Yemen, Rep.	Rwanda
Botswana	Maldives	Bangladesh	Mongolia	Zambia	Senegal
Brazil	Marshall Islands	Bhutan	Morocco		Sierra Leone
Bulgaria	Mauritius	Bolivia	Myanmar	TIER 1:	Somalia
China	Mexico	Cabo Verde	Nicaragua	Afghanistan	South Sudan
Colombia	Montenegro	Cameroon	Nigeria	Benin	Tanzania
Costa Rica	Namibia	Cambodia	Pakistan	Burkina Faso	Togo
Cuba	Palau	Congo, Rep.	Papua New Guinea	Burundi	Uganda
Dominica	Panama	Côte d'Ivoire	Paraguay	Central African Republic	Zimbabwe
Dominican Republic	Paraguay	Djibouti	Philippines	Chad	
Ecuador	Peru	Egypt, Arab Rep.	Samoa	Comoros	
Equatorial Guinea	Romania	El Salvador	São Tomé and Príncipe	Congo, Dem. Rep	
Fiji	Russia	Ghana	Solomon Islands	Eritrea	
Gabon	Serbia	Guatemala	South Sudan	Ethiopia	
Georgia	South Africa	Honduras	Sri Lanka	Gambia, The	
Grenada	St. Lucia	India	Sudan	Guinea	
Guyana	St. Vincent and the Grenadines	Indonesia	Swaziland	Guinea-Bissau	
			Syrian Arab Republic		

Submit completed Membership Application, supporting documentation and payment:

By Mail to:
Endocrine Society
2055 L St. NW, Suite 600
Washington, DC 20036

By Fax to:
+1.202.736.9704

By Email to:
info@endocrine.org

If you have any questions concerning your membership application, please contact the Membership Department by phone at +1.202.971.3646; by fax at +1.202.736.9704; or by email at info@endocrine.org