



18-MONTH MEMBERSHIP APPLICATION

CONTACT INFORMATION

PREFIX FIRST NAME (GIVEN NAME) MIDDLE NAME LAST NAME (FAMILY NAME) AND SUFFIX

PRIMARY EMAIL (REQUIRED) SECONDARY EMAIL

PRIMARY CONSTITUENCY (SELECT ONE): BASIC SCIENCE CLINICAL SCIENCE CLINICAL PRACTICE

DO YOU CONDUCT RESEARCH?: YES NO DO YOU TREAT PATIENTS: YES NO

BUSINESS ADDRESS (FOR MEMBER DIRECTORY LISTING)

ORGANIZATION DEPARTMENT/DIVISION

MAILING ADDRESS STREET/PO

CITY STATE/PROVINCE COUNTRY ZIP/POSTAL CODE

TELEPHONE (DAY): COUNTRY CODE/CITY CODE/NUMBER FAX: COUNTRY CODE/CITY CODE/NUMBER

HOME ADDRESS (OPTIONAL)

MAILING ADDRESS STREET/PO APT#

CITY STATE/PROVINCE COUNTRY ZIP/POSTAL CODE

TELEPHONE (DAY): COUNTRY CODE/CITY CODE/NUMBER FAX: COUNTRY CODE/CITY CODE/NUMBER

PRIMARY MAILING ADDRESS: HOME BUSINESS

COMPLETE PROFESSIONAL PROFILE ON REVERSE SIDE. →

MEMBERSHIP DUES TERM JULY 1, 2026—DECEMBER 31, 2027

See reverse side for membership criteria. See reverse side for a list of Tier 5 and Tier 4 countries.

UNITED STATES (TIER 5)

- \$432 FULL MEMBER (PRINT JCEM OR ONLINE)
- \$222 EARLY CAREER MEMBER
- \$48 IN-TRAINING ASSOCIATE MEMBER
- \$294 ASSOCIATE MEMBER
- \$210 RETIRED MEMBER

INTERNATIONAL (TIER 4)

- \$419 FULL MEMBER (ONLINE ONLY)
- \$503 FULL MEMBER (WITH PRINT JCEM)
- \$215 EARLY CAREER MEMBER
- \$47 IN-TRAINING ASSOCIATE MEMBER
- \$287 ASSOCIATE MEMBER
- \$203 RETIRED MEMBER (ONLINE ONLY)
- \$245 RETIRED MEMBER (WITH PRINT JCEM)

*REQUIRES RETIREMENT VERIFICATION

JOURNAL SUBSCRIPTIONS

All members receive online access to *Endocrinology*, *Journal of Clinical Endocrinology & Metabolism* (JCEM), and *Journal of the Endocrine Society*.

- | | |
|---|--|
| <input type="checkbox"/> I'D LIKE TO ADD A SUBSCRIPTION TO <i>ENDOCRINE REVIEWS</i> : | <input type="checkbox"/> I'D LIKE TO ADD A PRINT SUBSCRIPTION TO JCEM: |
| <input type="checkbox"/> \$131 WITHIN THE US | <input type="checkbox"/> \$191 WITHIN THE US |
| <input type="checkbox"/> \$162 INTERNATIONAL | <input type="checkbox"/> \$84 FULL INTERNATIONAL |
| <input type="checkbox"/> \$61 INTERNATIONAL EXPEDITED | <input type="checkbox"/> \$270 INTERNATIONAL |
| <input type="checkbox"/> \$24 IN-TRAINING (ONLINE ONLY) | <input type="checkbox"/> \$122 INTERNATIONAL EXPEDITED |
| | <input type="checkbox"/> FREE FULL AND RETIRED MEMBERS ONLY* |

THREE EASY WAYS TO JOIN

ONLINE AT
[ENDOCRINE.ORG/JOIN](https://endocrine.org/join)

MAIL COMPLETED FORM AND PAYMENT IN ENCLOSED ENVELOPE

FAX COMPLETED FORM TO
+1.202.736.9704

PAYMENT INFORMATION

DUES \$ _____ + JOURNALS \$ _____ = TOTAL PAYMENT \$ _____

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 below.

CHECK (ENCLOSED) VISA MASTERCARD AMERICAN EXPRESS

NAME OF CARDHOLDER (PLEASE PRINT) CARD NUMBER CWV CODE EXPIRATION DATE (MM/YY)

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) BILLING ZIP/POSTAL CODE

SIGNATURE

Your signature authorizes your credit card to be charged for the total payment above. The Endocrine Society reserves the right to charge the correct amount if different from the total payment listed above.

SOURCE CODE: _____



ENDOCRINE SOCIETY MEMBERSHIP CRITERIA

FULL MEMBER

MD, PhD, or global equivalent

EARLY CAREER MEMBER

MD, PhD, or global equivalent (1-3 years post-training)

IN-TRAINING MEMBER

Student, resident, or fellow enrolled in an endocrinology-related education program

ASSOCIATE MEMBER

Advanced practice provider or other hormone health and/or science professional

WORLD BANK INCOME DESIGNATION

TIER 4:

- Abkhazia
- Akrotiri And Dhekelia
- Åland
- American Samoa
- Andorra
- Anguilla
- Antigua
- Aruba
- Ascension
- Australia
- Austria
- Bahamas
- Bahrain
- Barbados
- Belgium
- Bermuda
- British Virgin Islands
- Brunei
- Bulgaria
- Canada
- Cayman Islands
- Chile
- Christmas Island
- Cocos (Keeling) Islands
- Cook Islands
- Costa Rica
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Falkland Islands
- Faroe Islands
- Finland
- France
- French Polynesia
- Germany
- Gibraltar
- Greece
- Greenland
- Gui
- Guyana
- Hong Kong
- Hungary
- Iceland
- Ireland
- Isle of Man
- Israel
- Italy
- Japan
- Jersey
- Kuwait
- Latvia
- Liechtenstein
- Lithuania
- Luxembourg
- Macao
- Malta
- Mayotte
- Monaco
- Montserrat
- Nagorno-Karabakh
- Nauru
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Niue
- Norfolk Island
- Northern Cyprus
- Northern Mariana Islands
- Norway
- Oman
- Palau
- Palestine
- Panama
- Pitcairn Islands
- Poland
- Portugal
- Qatar
- Romania
- Russia
- Saint Barthélemy
- Saint Helena
- Saint Kitts And Nevis
- Saint Martin
- Saint Pierre And Miquelon
- San Marino
- Saudi Arabia
- Seychelles
- Singapore
- Slovakia
- Slovenia
- Somaliiland
- South Korea
- South Ossetia
- Spain
- Svalbard
- Sweden
- Switzerland
- Taiwan
- Tokelau
- Transnistria
- Trinidad And Tobago
- Tristan Da Cunha
- Turks And Caicos Islands
- United Arab Emirates
- United Kingdom
- Uruguay
- Vatican
- Wallis And Futuna
- Western Sahara

TIER 5:

United States

PROFESSIONAL PROFILE

PROFESSIONAL/ACADEMIC DEGREE(S) _____ PROFESSIONAL TITLE _____

WORKPLACE SETTING

- ACADEMIC HEALTH CENTER
- ACADEMIC DEPARTMENT
- HOSPITAL/HEALTH CENTER/CLINIC
- INDUSTRY
- GROUP PRACTICE
- SOLO PRACTITIONER
- GOVERNMENT (VETERANS ADMINISTRATION, NIH, NATIONAL HEALTH SERVICE, ETC.)

PROFESSIONAL ROLES (PLEASE MARK P FOR PRIMARY AND S FOR SECONDARY)

- ADMINISTRATOR
- ADVANCED PRACTICE PROVIDER (CLINICAL PRACTITIONER WITHOUT AN MD, DO, PHD, OR GLOBAL EQUIVALENT)
- BASIC RESEARCHER
- CLINICAL RESEARCHER
- CLINICAL PRACTITIONER
- EDUCATOR
- CLINICAL FELLOW IN TRAINING
- GRADUATE STUDENT/PHD STUDENT
- POSTDOCTORAL RESEARCH FELLOW
- INTERN
- MEDICAL STUDENT
- RESIDENT
- RETIRED

DEMOGRAPHIC INFORMATION

DATE OF BIRTH (MONTH/DAY/YEAR): ____/____/____

RACE (VOLUNTARY)

- AFRICAN AMERICAN/BLACK
- PACIFIC ISLANDER
- ASIAN
- NATIVE AMERICAN/ESKIMO/ALEUT
- HISPANIC
- WHITE/CAUCASIAN
- OTHER: _____

PRONOUNS (VOLUNTARY)

- SHE/HER/HERS
- HE/HIM/HIS
- THEY/THEM/THEIRS
- ZE/HIR/HIRS
- NO PRONOUNS (ONLY REFER TO ME BY NAME)
- PREFER NOT TO SAY
- OTHER: _____

CERTIFICATION

BOARD CERTIFICATION _____ YEAR _____

SUBSPECIALTY CERTIFICATION _____ YEAR _____

ARE YOU ACCEPTING NEW PATIENTS AND WANT TO BE LISTED IN THE HORMONE HEALTH NETWORK'S "FIND-AN-ENDOCRINOLOGIST" DIRECTORY? YES NO

IN-TRAINING STATUS FOR FELLOW/STUDENT ASSOCIATES (REQUIRED FOR IN-TRAINING MEMBERSHIP RATE)

PROGRAM DIRECTOR AND/OR MENTOR INFORMATION _____

NAME AND TITLE _____

EMAIL ADDRESS _____

INSTITUTION AND DEPARTMENT/DIVISION _____

ANTICIPATED TRAINING COMPLETION DATE (MONTH/DAY/YEAR): ____/____/____ (REQUIRED)

IN WHICH TRAINING PROGRAM ARE YOU CURRENTLY ENROLLED?

- CLINICAL FELLOWSHIP
- POSTDOCTORAL/RESEARCH
- FELLOWSHIP
- GRADUATE SCHOOL
- INTERNSHIP/RESIDENCY
- MEDICAL SCHOOL
- UNDERGRADUATE SCHOOL
- OTHER: _____