



# 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: JANUARY 1–DECEMBER 31, 2025

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

### UNITED STATES (TIER 5)

- \$360 FULL MEMBER (PRINT JCEM OR ONLINE)
- \$185 EARLY CAREER MEMBER
- \$40 IN-TRAINING ASSOCIATE MEMBER
- \$245 ASSOCIATE MEMBER
- \$175 RETIRED MEMBER

### INTERNATIONAL (TIER 4)

- \$349 FULL MEMBER (ONLINE ONLY)
- \$419 FULL MEMBER (WITH PRINT JCEM)
- \$179 EARLY CAREER MEMBER
- \$39 IN-TRAINING ASSOCIATE MEMBER
- \$239 ASSOCIATE MEMBER
- \$169 RETIRED MEMBER (ONLINE ONLY)
- \$204 RETIRED MEMBER (WITH PRINT JCEM)

## JOURNAL SUBSCRIPTIONS

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

I'D LIKE TO ADD A SUBSCRIPTION TO *ENDOCRINE REVIEWS*:

- \$109 WITHIN THE US
- \$135 INTERNATIONAL
- \$186 INTERNATIONAL EXPEDITED
- \$20 IN-TRAINING ASSOCIATE (ONLINE ONLY)
- \$109 RETIRED

## THREE EASY WAYS TO JOIN

**ONLINE AT**  
[ENDOCRINE.ORG/JOIN](http://ENDOCRINE.ORG/JOIN)

**MAIL COMPLETED FORM TO**  
 ENDOCRINE SOCIETY  
 P.O. BOX 17020  
 BALTIMORE, MD  
 21298-9419

**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 CVV 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 ASSOCIATE 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

**QUESTIONS?**

If you have any questions concerning your membership application, contact the Membership Department by phone at +1.202.971.3646 or 1.888.363.6762, by fax 1.202.736.9704; or by email at info@endocrine.org

**WORLD BANK INCOME DESIGNATION**

**TIER 4:**

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

**TIER 5:**

United States

**PROFESSIONAL PROFILE**

PROFESSIONAL/ACADEMIC DEGREE(S) \_\_\_\_\_ PROFESSIONAL TITLE \_\_\_\_\_

**WORKPLACE SETTING**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ACADEMIC HEALTH CENTER        | <input type="checkbox"/> INDUSTRY          | <input type="checkbox"/> GOVERNMENT (VETERANS ADMINISTRATION, NIH, NATIONAL HEALTH SERVICE, ETC.) |
| <input type="checkbox"/> ACADEMIC DEPARTMENT           | <input type="checkbox"/> GROUP PRACTICE    |   |
| <input type="checkbox"/> HOSPITAL/HEALTH CENTER/CLINIC | <input type="checkbox"/> SOLO PRACTITIONER |   |

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

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

**DEMOGRAPHIC INFORMATION**

DATE OF BIRTH (MONTH/DAY/YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_

**RACE (VOLUNTARY)**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> AFRICAN AMERICAN/BLACK | <input type="checkbox"/> NATIVE AMERICAN/ESKIMO/ALEUT | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> PACIFIC ISLANDER       | <input type="checkbox"/> HISPANIC                     |                                       |
| <input type="checkbox"/> ASIAN                  | <input type="checkbox"/> WHITE/CAUCASIAN              |                                       |

**PRONOUNS (VOLUNTARY)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> SHE/HER/HERS     | <input type="checkbox"/> ZE/HIR/HIRS                            | <input type="checkbox"/> PREFER NOT TO SAY |
| <input type="checkbox"/> HE/HIM/HIS       | <input type="checkbox"/> NO PRONOUNS (ONLY REFER TO ME BY NAME) | <input type="checkbox"/> OTHER: _____      |
| <input type="checkbox"/> THEY/THEM/THEIRS |   |  |

**CERTIFICATION**

BOARD CERTIFICATION \_\_\_\_\_ YEAR \_\_\_\_\_

SUBSPECIALTY CERTIFICATION \_\_\_\_\_ YEAR \_\_\_\_\_

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

**IN-TRAINING ASSOCIATE STATUS FOR FELLOW/STUDENT ASSOCIATES (REQUIRED FOR IN-TRAINING ASSOCIATE 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?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> CLINICAL FELLOWSHIP   | <input type="checkbox"/> GRADUATE SCHOOL      | <input type="checkbox"/> UNDERGRADUATE SCHOOL |
| <input type="checkbox"/> POSTDOCTORAL/RESEARCH | <input type="checkbox"/> INTERNSHIP/RESIDENCY | <input type="checkbox"/> OTHER: _____         |
| <input type="checkbox"/> FELLOWSHIP            | <input type="checkbox"/> MEDICAL SCHOOL       |   |