



2025-2026

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, 2025—DECEMBER 31, 2026

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*.

- | | |
|---|--|
| ☐ I'D LIKE TO ADD A SUBSCRIPTION TO <i>ENDOCRINE REVIEWS</i> : | ☐ I'D LIKE TO ADD A PRINT SUBSCRIPTION TO JCEM: |
| ☐ \$131 WITHIN THE US | ☐ \$191 WITHIN THE US |
| ☐ \$162 INTERNATIONAL | ☐ \$84 FULL INTERNATIONAL |
| ☐ \$61 INTERNATIONAL EXPEDITED | ☐ \$270 INTERNATIONAL |
| ☐ \$24 IN-TRAINING (ONLINE ONLY) | ☐ \$122 INTERNATIONAL EXPEDITED |
| | ☐ 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 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 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
Somaliland
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 ☐ INDUSTRY ☐ GOVERNMENT (VETERANS
ADMINISTRATION, NIH, NATIONAL
HEALTH SERVICE, ETC.)
- ☐ ACADEMIC DEPARTMENT ☐ GROUP PRACTICE
- ☐ HOSPITAL/HEALTH CENTER/CLINIC ☐ SOLO PRACTITIONER

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

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

DEMOGRAPHIC INFORMATION

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

RACE (VOLUNTARY)

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

PRONOUNS (VOLUNTARY)

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

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