



# MEMBERSHIP APPLICATION

## TIERED APPLICATION

### 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

Industry, research or healthcare professional without a doctoral degree

### SUBMIT COMPLETED MEMBERSHIP APPLICATION AND PAYMENT:

#### ONLINE

endocrine.org/join

#### MAIL

Completed form and payment in enclosed envelope

#### FAX

Completed form to +1.202.736.9704

#### EMAIL

info@endocrine.org

#### 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

### 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, 2019–DECEMBER 31, 2019

TIER	FULL MEMBER	EARLY CAREER MEMBER	IN-TRAINING MEMBER	ASSOCIATE MEMBER
TIER 3	<input type="checkbox"/> \$90	<input type="checkbox"/> \$60	<input type="checkbox"/> \$30	<input type="checkbox"/> \$90
TIER 2	<input type="checkbox"/> \$70	<input type="checkbox"/> \$50	<input type="checkbox"/> \$25	<input type="checkbox"/> \$70
TIER 1	<input type="checkbox"/> \$70	<input type="checkbox"/> \$50	<input type="checkbox"/> \$25	<input type="checkbox"/> \$70

### 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*:

\$135 INTERNATIONAL

\$185 INTERNATIONAL EXPEDITED

\$20 IN-TRAINING (ONLINE ONLY)

### 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: \_\_\_\_\_

**WORLD BANK DESIGNATED DEVELOPING COUNTRIES**

- TIER 3:**
- Albania
  - Algeria
  - American Samoa
  - Argentina
  - Azerbaijan
  - Belarus
  - Belize
  - Bosnia and Herzegovina
  - Botswana
  - Brazil
  - Bulgaria
  - China
  - Colombia
  - Costa Rica
  - Cuba
  - Dominica
  - Dominican Republic
  - Ecuador
  - Equatorial Guinea
  - Fiji
  - Gabon
  - Georgia
  - Grenada
  - Guyana
  - Iran, Islamic Rep.
  - Iraq
  - Jamaica
  - Kazakhstan
  - Kosovo
  - Lebanon
  - Libya
  - Macedonia, FYR
  - Malaysia
  - Maldives
  - Marshall Islands
  - Mauritius
  - Mexico
  - Montenegro
  - Namibia
  - Nauru
  - Paraguay
  - Peru
  - Romania
  - Russia
  - Samoa
  - Serbia
  - South Africa
  - Sri Lanka
  - St. Lucia
  - St. Vincent and the Grenadines
  - Suriname
  - Thailand
  - Tonga
  - Turkey
  - Turkmenistan
  - Tuvalu
  - Venezuela

- TIER 2:**
- Angola
  - Armenia
  - Bangladesh
  - Bhutan
  - Bolivia
  - Cabo Verde
  - Cameroon
  - Cambodia
  - Comoros
  - Congo, Rep.
  - Côte d'Ivoire
  - Djibouti
  - Egypt, Arab Rep.
  - El Salvador
  - Ghana
  - Guatemala
  - Honduras
  - India
  - Indonesia
  - Jordan
  - Kenya
  - Kiribati
  - Kyrgyz Republic
  - Lao PDR
  - Lesotho
  - Mauritania
  - Micronesia, Fed. Sts.
  - Moldova
  - Mongolia
  - Morocco
  - Myanmar
  - Nicaragua
  - Nigeria
  - Pakistan
  - Papua New Guinea
  - Paraguay
  - Philippines
  - São Tomé and Príncipe
  - Senegal
  - Solomon Islands
  - South Sudan
  - Sudan
  - Swaziland
  - Syrian Arab Republic
  - Tajikistan
  - Timor-Leste
  - Tunisia
  - Ukraine
  - Uzbekistan
  - Vanuatu
  - Vietnam
  - West Bank and Gaza
  - Yemen, Rep.
  - Zambia
  - Zimbabwe

- TIER 1:**
- Afghanistan
  - Benin
  - Burkina Faso
  - Burundi
  - Central African Republic
  - Chad
  - Congo, Dem. Rep.
  - Eritrea
  - Ethiopia
  - Gambia, The
  - Guinea
  - Guinea-Bissau
  - Haiti
  - Korea, Dem Rep.
  - Liberia
  - Madagascar
  - Malawi
  - Mali
  - Mozambique
  - Nepal
  - Niger
  - Rwanda
  - Sierra Leone
  - Somalia
  - South Sudan
  - Tanzania
  - Togo
  - Uganda

**PROFESSIONAL PROFILE**

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

**INSTITUTION TYPE**

- ACADEMIC
- PHARMACEUTICAL/INDUSTRY
- GOVERNMENT
- PRIVATE RESEARCH FIRM/INSTITUTE
- HOSPITAL/CLINIC
- PRIVATE PRACTICE
- OTHER: \_\_\_\_\_

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

- \_\_\_ ADMINISTRATOR/MANAGER
- \_\_\_ NURSE/HEALTHCARE PROFESSIONAL
- \_\_\_ PHYSICIAN-IN-PRACTICE
- \_\_\_ BASIC SCIENTIST
- \_\_\_ CLINICAL SCIENTIST
- \_\_\_ RETIRED
- \_\_\_ STUDENT (UNDERGRAD/GRAD/MED)
- \_\_\_ TEACHER/EDUCATOR
- \_\_\_ TRAINEE/FELLOW
- \_\_\_ OTHER: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

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

**RACE (VOLUNTARY)**

- AFRICAN AMERICAN/BLACK
- PACIFIC ISLANDER
- ASIAN
- NATIVE AMERICAN/ESKIMO/ALEUT
- HISPANIC
- WHITE/CAUCASIAN
- 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: \_\_\_\_\_