



# 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

See reverse side for membership criteria.

TERM JANUARY 1, 2022–  
 DECEMBER 31, 2022

- \$349 FULL MEMBER
- \$179 EARLY CAREER MEMBER
- \$39 IN-TRAINING MEMBER
- \$239 ASSOCIATE MEMBER

## 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 (ONLINE ONLY)

## THREE EASY WAYS TO JOIN

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

Industry, research or healthcare professional without a doctoral degree

### SUBMIT COMPLETED MEMBERSHIP APPLICATION AND PAYMENT:

#### ONLINE

[endocrine.org/join](http://endocrine.org/join)

#### MAIL

Endocrine Society  
P.O. Box 17020  
Baltimore, MD 21298-9419

#### FAX

Completed form to  
+1.202.736.9704

#### EMAIL

[info@endocrine.org](mailto: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](mailto:info@endocrine.org)

## 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): \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_