2022 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. 

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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)

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.

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SOURCE CODE: ____________

THREE EASY WAYS TO JOIN

ONLINE AT ENDOCRINE.ORG/JOIN

MAIL COMPLETED FORM AND PAYMENT IN ENCLOSED ENVELOPE

FAX COMPLETED FORM TO +1.202.736.9704
**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**
Endocrine Society
P.O. Box 17020
Baltimore, MD 21298-9419

**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

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## 2022 MEMBERSHIP APPLICATION (CONTINUED)

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## PROFESSIONAL PROFILE

<table>
<thead>
<tr>
<th>PROFESSIONAL/ACADEMIC DEGREE(S)</th>
<th>PROFESSIONAL TITLE</th>
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</table>

### 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/BPCK
- [ ] PACIFIC ISLANDER
- [ ] ASIAN
- [ ] NATIVE AMERICAN/ESKIMO/ALEUT
- [ ] WHITE/CAUCASIAN
- [ ] OTHER: __________________________

### CERTIFICATION

**BOARD CERTIFICATION**

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<thead>
<tr>
<th>SUBSPECIALTY CERTIFICATION</th>
<th>YEAR</th>
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**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**

<table>
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<tr>
<th>EMAIL ADDRESS</th>
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**INSTITUTION AND DEPARTMENT/DIVISION**

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<tr>
<th>ANTICIPATED TRAINING COMPLETION DATE (MONTH/DAY/YEAR): <em><strong><strong>/</strong></strong></em>/_______ (REQUIRED)</th>
</tr>
</thead>
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**IN WHICH TRAINING PROGRAM ARE YOU CURRENTLY ENROLLED?**

- [ ] CLINICAL FELLOWSHIP
- [ ] INTERNSHIP/RESIDENCY
- [ ] POSTDOCTORAL/RESEARCH
- [ ] MEDICAL SCHOOL
- [ ] FELLOWSHIP
- [ ] UNDERGRADUATE SCHOOL
- [ ] GRADUATE SCHOOL
- [ ] OTHER: __________________________