AECD

ASSOCIATION OF ENDOCRINE CHIEFS AND DIRECTORS

ENDOCRINE SOCIETY

2055 L Street, NW, Suite 600
Washington, DC 20036
Phone: 202.971.3636
Fax: 202.736.9704
Email: AECD@endocrine.org
Website: endocrine.org/aecd

2018 APPLICATION FOR MEMBERSHIP

NAME (PLEASE PRINT CLEARLY)		
First (Given):	Middle:	Last (Surname):

MAILING ADDRESS			
Institution:	Department:		
Street/PO:			
City:	State:	Zip/Mail Code:	Country:
Telephone:	Fax:	Email Address:	

PROFESSIONAL INFORMATION	
Degrees:	Professional Title:

SECTION 1. DUES

☐ $300 per year (expires Dec. 31 annually) ☐ $150 (July 1 – Dec. 31, 2018)

SECTION 2. PAYMENT (Please submit payment with application and CV/NIH biosketch)

Method of Payment:

1. CHECK.
Please make checks payable to Endocrine Society in U.S. funds only, drawn on a bank with a U.S. branch, or complete the credit card information below.
Mail checks to: Endocrine Society, PO Box 17020, Baltimore, MD 21297-1020

2. CREDIT CARD: ☐ American Express ☐ MasterCard ☐ Visa

Mail credit card form to: Endocrine Society, attn: AECD, 2055 L Street, NW, Suite 600, Washington, DC 20036 OR **Fax form to:** +1.202.736.9704

Card Number:	Expiration Date:
Name of Cardholder (please print):	
Billing Address (if different than mailing address above):	
Signature	

Your signature authorizes your credit card to be charged for the Dues. The Endocrine Society reserves the right to charge the correct amount if different from the Dues.

SECTION 3. ADDITIONAL CONTACT

If you like, you may name one additional contact for your program (e.g. an assistant). This person will not have full membership access and benefits, but will be included in all communications.

Name:_____ Position:_____ Email:_____

FOR OFFICE USE ONLY

Accepted By:	Member ID:	Join Date: