



MEMBERSHIP APPLICATION

DEVELOPING COUNTRIES

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"/> \$80	<input type="checkbox"/> \$50	<input type="checkbox"/> \$20	<input type="checkbox"/> \$80
TIER 2	<input type="checkbox"/> \$60	<input type="checkbox"/> \$40	<input type="checkbox"/> \$15	<input type="checkbox"/> \$60
TIER 1	<input type="checkbox"/> \$40	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	<input type="checkbox"/> \$40

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

\$186 INTERNATIONAL EXPEDITED

\$10 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
 - Croatia
 - Cuba
 - Dominica
 - Dominican Republic
 - Ecuador
 - Equatorial Guinea
 - Fiji
 - Gabon
 - Grenada
 - Guyana
 - Iran, Islamic Rep.
 - Iraq
 - Jamaica
 - Kazakhstan
 - Lebanon
 - Libya
 - Macedonia, FYR
 - Malaysia
 - Maldives
 - Marshall Islands
 - Mauritius
 - Mexico
 - Montenegro
 - Namibia
 - Nauru
 - Panama
 - Paraguay
 - Peru
 - Romania
 - Russia
 - Samoa
 - Serbia
 - South Africa
 - 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
 - Congo, Rep.
 - Côte d'Ivoire
 - Djibouti
 - Egypt, Arab Rep.
 - El Salvador
 - Georgia
 - Ghana
 - Guatemala
 - Honduras
 - India
 - Indonesia
 - Jordan
 - Kenya
 - Kiribati
 - Kosovo
 - 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
 - Solomon Islands
 - South Sudan
 - Sri Lanka
 - Sudan
 - Swaziland
 - Syrian Arab Republic
 - Tajikistan
 - Timor-Leste
 - Tunisia
 - Ukraine
 - Uzbekistan
 - Vanuatu
 - Vietnam
 - West Bank and Gaza
 - Yemen, Rep.
 - Zambia

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

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: _____