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Chevy Chase, MD 20815-5822
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membership@endo-society.org

APPLICATION FOR AGGC7-5 H9 MEMBERSHIP

INSTRUCTIONS: Please complete all fields below, unless specifically marked as optional. When complete, choose the Uia of [a } At Aca [A ca [~ | Aa] | Aca } E

Prefix First Name (Given name) Middle Name Last Name (Family Name) Degree(s)

Institution Department/Division Primary Professional Role (Choose one)

Primary Address

Your primary business address, which will be published in the Members-Only Directory

Line 1 Line 2 (if needed)

City State/Province Zip/Postal Code Country

Alternate Address

Optional: If you would like to receive renewal notices or other mailings at a separate address, add it here. You will have the opportunity to select your billing and mailing address below.

Line 1 Line 2 (if needed)

City State/Province Zip/Postal Code Country

Demographic Information

Date of Birth Gender Race (voluntary)

Primary Concentration How did you hear about joining The Endocrine Society?

Contact Information

Business Phone Business Fax Email Address

Home Phone Mobile Phone Website

Membership Dues (see membership criteria, below)

F Yg YUf W '5 ggc V UHY

< YUH WUY Associate

5 ZJ UHY Associate

Billing information: Send renewal notices to my

MEMBERSHIP CRITERIA

ASSOCIATE MEMBERS

The Endocrine Society offers Associate-level memberships to applicants who are committed to the field of endocrinology; hold at least a B.A. or B.S. degree (or demonstrate leadership in the endocrine field as an educator, speaker, advocate or administrator); and meet the criteria in one of the three categories listed below. If you meet the criteria for Active Membership, The Endocrine Society will accept you as an Active Member even if you have applied for one of the Associate-level memberships.

1. Research Associate

You are committed to endocrine research, education and practice with evidence of ongoing supportive efforts in endocrine research. You are not eligible for this membership group if you are a fellow or student.
Documentation to support application: Curriculum Vitae*

2. Healthcare Associate

You hold a license and/or certification such as a registered nurse, certified diabetic educator, nurse practitioner, pharmacist, registered dietician, or physician assistant.
Documentation to support application: Proof of license or certification.

3. Affiliate Associate

You are a senior level corporate, government or non-profit manager representing research and development, medical affairs, medical education, marketing, professional affairs, regulatory affairs, or quality control and assurance.
Documentation to support application: Curriculum Vitae* (or Resume) and a personal statement that reflects your interest, involvement and contributions to the field of endocrinology.

***You may submit your Curriculum Vitae in your native language. English translation is not required.**

JOURNAL SUBSCRIPTION INFORMATION

Subscriptions run on a calendar year (January–December). Upon activation of your subscription, any back issues will be mailed to you.

Associates: Your membership dues include free online access to *Endocrinology*, *The Journal of Clinical Endocrinology & Metabolism* and *Molecular Endocrinology*. You may choose to subscribe to any print journals at the discounted member rates. A subscription to *Endocrine Reviews* also includes the online edition.

Submit completed membership application, supporting documentation and payment:

By Mail to: The Endocrine Society 8401 Connecticut Avenue, Suite 900 Chevy Chase, MD 20815-5817	By Fax to: 1-301-941-0257	By Email to: membership@endo-society.org
If you have any questions concerning your membership application, contact the Membership Department by phone at 1-301-941-0210; by fax at 1-301-941-0257; or by email at membership@endo-society.org		