

## 2012 MEMBERSHIP REFERRAL

NAME (PLEASE PRINT CLEARLY)				
Prefix:	First Name (Given Name):	Middle Name:	Last Name (Family Name) and Suffix:	
BUSINESS ADDRESS (for Member Directory listing)			HOME ADDRESS (optional)	
Institution/Company:		Dept/Div:	Street/PO:	
Street/PO:			Apt #:	
City	State/Province	Zip/Postal Code	Country	City
Telephone:		Fax:	Telephone:	
Email:		Web site:	Email:	
<b>Society Correspondence:</b> <input type="radio"/> Business Address <input type="radio"/> Home Address			<b>Mail journals to:</b> <input type="radio"/> Business Address <input type="radio"/> Home Address	
DEMOGRAPHIC INFORMATION & PROFESSIONAL PROFILE				
Professional/Academic Degree(s):		Professional Title:		Date of Birth: _____ <small>Month / Day / Year</small>
Gender: <input type="radio"/> Male <input type="radio"/> Female				
<b>Primary Constituency</b> <input type="radio"/> Basic Research <input type="radio"/> Clinical Research <input type="radio"/> Clinical Practice *		<b>Institution Type</b> <input type="radio"/> Academic <input type="radio"/> Pharmaceutical/Industry <input type="radio"/> Government <input type="radio"/> Private Research Firm/Institute		<b>Board Certification &amp; Year:</b> _____
<b>AMA Medical Education #:</b> _____		<input type="radio"/> Hospital/Clinic <input type="radio"/> Private Practice <input type="radio"/> Other:		<b>Subspecialty Certification &amp; Year:</b> _____
* Are you <b>accepting new patients</b> and want to be listed in the Hormone Foundation's "Find-An-Endocrinologist" directory? <input type="radio"/> YES <input type="radio"/> NO				
<b>Professional Roles</b> <i>(Please mark <u>P</u> for primary and <u>S</u> for secondary)</i>			<b>Race of Ethnic Affiliation (voluntary)</b>	
<input type="checkbox"/> Administrator/Manager	<input type="checkbox"/> Retired	<input type="radio"/> African American / Black <input type="radio"/> Pacific Islander		
<input type="checkbox"/> Nurse/Healthcare Professional	<input type="checkbox"/> Student <i>(Undergrad/Grad/Med)</i>	<input type="radio"/> Asian <input type="radio"/> Native American / Eskimo / Aleut		
<input type="checkbox"/> Practitioner	<input type="checkbox"/> Teacher/Educator	<input type="radio"/> Hispanic <input type="radio"/> Other _____		
<input type="checkbox"/> Researcher – Basic	<input type="checkbox"/> Trainee/Fellow	<input type="radio"/> White / Caucasian		
<input type="checkbox"/> Researcher – Clinical	<input type="checkbox"/> Other _____	How did you hear about becoming a member of The Endocrine Society?		
IN-TRAINING STATUS FOR FELLOW/STUDENT ASSOCIATES				
<b>Program Director and/or Mentor Information:</b>			<b>In which training program are you currently enrolled?</b>	
Name and Title:			<b>Anticipated Training Completion Date:</b> _____ <i>(Required)</i>	
Email Address:			<input type="radio"/> Clinical Fellowship <input type="radio"/> Internship/Residency	
Institution and Department/Division:			<input type="radio"/> Postdoctoral/Research Fellowship <input type="radio"/> Medical School	
			<input type="radio"/> Undergraduate School	
			<input type="radio"/> Graduate School <input type="radio"/> Other _____	
MEMBERSHIP DUES (Term January 1, 2012 – December 31, 2012)				
<i>See "Membership Criteria"</i>				
Within the U.S.		<b>Active Member</b> <input type="radio"/> \$299	<b>Associate Member</b> <input type="radio"/> \$215	<b>Fellow/Student Member *</b> <input type="radio"/> \$25
Outside the U.S.		<input type="radio"/> \$375	<input type="radio"/> \$230	<input type="radio"/> \$25
JOURNAL SUBSCRIPTIONS (Expires December 31, 2012)				
<b>Required for Active Members:</b> Select your primary journal: <input type="radio"/> Endocrinology <input type="radio"/> The Journal of Clin Endo & Metab <input type="radio"/> Molecular Endo				
• International Subscribers - If you wish to receive your primary journal via Expedited Overseas Delivery, please check here <input type="radio"/> and add \$90 ENDO, \$85 JCEM, \$55 MEND to your total. You will also receive online access to all 3 journals.				
<b>OPTIONAL PRINT JOURNALS</b>	<b>Within the U.S.</b>	<b>International (Surface)</b>	<b>International (Expedited)</b>	<b>Fel/Std Online Only*</b>
<b>Endocrinology</b>	<input type="radio"/> \$155	<input type="radio"/> \$215	<input type="radio"/> \$305	<input type="radio"/> \$10
<b>Jrnl of Clinical Endocrinology &amp; Metab</b>	<input type="radio"/> \$155	<input type="radio"/> \$215	<input type="radio"/> \$300	<input type="radio"/> \$10
<b>Molecular Endocrinology</b>	<input type="radio"/> \$155	<input type="radio"/> \$215	<input type="radio"/> \$270	<input type="radio"/> \$10
<b>Endocrine Reviews</b>	<input type="radio"/> \$105	<input type="radio"/> \$130	<input type="radio"/> \$165	<input type="radio"/> \$10
<b>Translational Endocrinology &amp; Metab</b>	<input type="radio"/> \$159	<input type="radio"/> \$180	N/A	N/A
<b>Hormones and Cancer</b> <i>(free online access)</i>	<input type="radio"/> \$ 60	<input type="radio"/> \$ 60	N/A	N/A
<b>Translational Rsrch in Endo and Metab</b>	<input type="radio"/> \$ 10	<input type="radio"/> \$ 10	N/A	<input type="radio"/> \$ 10
PAYMENT INFORMATION				
<b>Dues:</b>	\$ _____	Credit Card Number _____		
<b>Journals:</b>	\$ _____	Expiration Date <i>(Month/Year)</i> _____		
<b>Application Fee:</b> <i>(Waived for Fellow/Students)*</i>	\$ _____	Name of Cardholder (please print): _____		
<b>Total Payment:</b>	\$ _____	Billing Address _____		
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Check Please enclose a check or money order made payable to "The Endocrine Society" in U.S. funds only, drawn on a bank with U.S. branch, or complete credit card information to the right.				
Signature _____ Your signature authorizes your credit card to be charged for the Total Payment. The Endocrine Society reserves the right to charge the correct amount if different from the Total Payment amount.				
<b>Source Code: REF</b>				

## MEMBERSHIP CRITERIA

### ACTIVE MEMBERS

The Endocrine Society welcomes applications for Active Membership from professionals who have a commitment to endocrine research, practice or education; hold a doctoral degree in a related field; and meet at least one of the following four criteria:

#### **Published Author**

You have published meritorious endocrine-related work in peer-reviewed, internationally recognized journals, and you are the first (or senior) author on at least one of these publications. Documentation to support application: Curriculum Vitae including a list of your publications with bibliographic references.

#### **Board Certified Physician**

You are Board-certified (or Board eligible) by your nation's accreditation body in one of the following areas: Endocrinology, Diabetes, and Metabolism; Pediatric Endocrinology; or Obstetrics/Gynecology. Documentation to support application: Proof of Board certification (or proof of Fellowship Completion) or in-country license to practice in one of the above listed areas.

#### **Educator**

You have made an ongoing, significant contribution to the teaching of endocrinology with at least five years experience as a clinical or basic science instructor of undergraduate or higher-level students or your in-house staff. Documentation to support application: Curriculum Vitae and list of topics, dates, frequency and audience of teaching activities.

#### **Other**

You hold a doctorate degree and have interests, involvement and contributions made in the field of endocrinology. Documentation to support application: Curriculum Vitae and a personal statement that provides evidence of creative, research-oriented, educational or clinical activities in the field of endocrinology.

### ASSOCIATE MEMBERS

The Endocrine Society offers Associate-level memberships to applicants who are committed to the field of endocrinology; demonstrate leadership in the endocrine field as an educator, speaker, advocate or administrator); and meet the criteria in one of the four 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; holds at least a BA or BS degree. 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.

#### **4. Fellow/Student Associate**

You are enrolled in an endocrinology-related educational program as a clinical or postdoctoral fellow, medical resident, medical student or graduate student, or undergraduate student. Documentation to support application: Completion of the In-Training Status section on application form.

## JOURNAL SUBSCRIPTION INFORMATION

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

#### **Active Members:**

Your membership dues include a primary print subscription to one of the following journals: ***Endocrinology***, ***The Journal of Clinical Endocrinology & Metabolism*** or ***Molecular Endocrinology*** as well as online access to all three journals as well as complimentary online access to ***Hormones & Cancer***. You may also choose to subscribe to additional print journals at the discounted member rates. A subscription to ***Endocrine Reviews*** also includes the online edition.

#### **Associates:**

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

#### **Fellow/Students:**

You will receive complimentary online access to ***Hormones & Cancer***. You may choose to subscribe to any print journal at the discounted member rates or you may choose to subscribe to just the online edition. Print journal subscriptions to ***Endocrinology***, ***The Journal of Clinical Endocrinology & Metabolism*** or ***Molecular Endocrinology*** include online access to all three journals. 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 or 1-888-363-6762, by fax at 1-301-941-0257; or by email at [membership@endo-society.org](mailto:membership@endo-society.org)