ENDOCRINE SOCIETY

2024 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. ➔

MEMBERSHIP DUES

See reverse side for membership criteria.

TERM: JANUARY 1–DECEMBER 31, 2024

- ☐ $349 FULL MEMBER (US)
- ☐ $349 FULL MEMBER (International Online Only)
- ☐ $419 FULL MEMBER (International with Print JCEM)
- ☐ $179 EARLY CAREER MEMBER
- ☐ $39 IN-TRAINING MEMBER
- ☐ $239 ASSOCIATE MEMBER
- ☐ $170 RETIRED 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)
- ☐ $109 RETIRED

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

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.

SOURCE CODE: _____

ENDOCRINE SOCIETY

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
Advanced practice provider or other hormone health and/or science professional

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

PROFESSIONAL PROFILE

PROFESSIONAL/ACADEMIC DEGREE(S) PROFESSIONAL TITLE

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): _____/_____/_____

RACE (VOLUNTARY)

- ☐ AFRICAN AMERICAN/BLACK
- ☐ PACIFIC ISLANDER
- ☐ ASIAN
- ☐ NATIVE AMERICAN/ESKIMO/ALEUT
- ☐ HISPANIC
- ☐ WHITE/CAUCASIAN
- ☐ OTHER: _____

PRONOUNS (VOLUNTARY)

- ☐ SHE/HER/HERS
- ☐ HE/HIM/HIS
- ☐ THEY/THEM/THEIRS
- ☐ ZE/HIR/HIRS
- ☐ NO PRONOUNS (ONLY REFER TO ME BY NAME)
- ☐ PREFER NOT TO SAY
- ☐ 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: _____