



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 TERM: JANUARY 1–DECEMBER 31, 2025

See reverse side for membership criteria. See reverse side for a list of Tier 5 and Tier 4 countries.

UNITED STATES (TIER 5)

- \$360 FULL MEMBER (PRINT JCEM OR ONLINE)
- \$185 EARLY CAREER MEMBER
- \$40 IN-TRAINING ASSOCIATE MEMBER
- \$245 ASSOCIATE MEMBER
- \$175 RETIRED MEMBER

INTERNATIONAL (TIER 4)

- \$349 FULL MEMBER (ONLINE ONLY)
- \$419 FULL MEMBER (WITH PRINT JCEM)
- \$179 EARLY CAREER MEMBER
- \$39 IN-TRAINING ASSOCIATE MEMBER
- \$239 ASSOCIATE MEMBER
- \$169 RETIRED MEMBER (ONLINE ONLY)
- \$204 RETIRED MEMBER (WITH PRINT JCEM)

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
- \$109 **FULL MEMBER US/INTERNATIONAL (ONLINE ONLY)**
- \$135 INTERNATIONAL
- \$186 INTERNATIONAL EXPEDITED
- \$20 IN-TRAINING ASSOCIATE (ONLINE ONLY)
- \$109 RETIRED

THREE EASY WAYS TO JOIN

ONLINE AT
ENDOCRINE.ORG/JOIN

MAIL COMPLETED FORM TO
 ENDOCRINE SOCIETY
 P.O. BOX 17020
 BALTIMORE, MD
 21298-9419

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 MEMBERSHIP CRITERIA

FULL MEMBER

MD, PhD, or global equivalent

EARLY CAREER MEMBER

MD, PhD, or global equivalent (1-3 years post-training)

IN-TRAINING ASSOCIATE 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

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

WORLD BANK INCOME DESIGNATION

TIER 4:

- | | | |
|-------------------------|--------------------------|---------------------------|
| Abkhazia | Greenland | Qatar |
| Akrotiri And Dhekelia | Gui | Romania |
| Åland | Guyana | Russia |
| American Samoa | Hong Kong | Saint Barthélemy |
| Andorra | Hungary | Saint Helena |
| Anguilla | Iceland | Saint Kitts And Nevis |
| Antigua | Ireland | Saint Martin |
| Aruba | Israel | Saint Pierre And Miquelon |
| Ascension | Italy | San Marino |
| Australia | Japan | Saudi Arabia |
| Austria | Jersey | Seychelles |
| Bahamas | Kuwait | Singapore |
| Bahrain | Latvia | Slovakia |
| Barbados | Liechtenstein | Slovenia |
| Belgium | Lithuania | Somaliand |
| Bermuda | Luxembourg | South Korea |
| British Virgin Islands | Macao | South Ossetia |
| Brunei | Malta | Spain |
| Bulgaria | Mayotte | Svalbard |
| Canada | Monaco | Sweden |
| Cayman Islands | Montserrat | Switzerland |
| Chile | Nagorno-Karabakh | Taiwan |
| Christmas Island | Nauru | Tokelau |
| Cocos (Keeling) Islands | Netherlands | Transnistria |
| Cook Islands | Netherlands Antilles | Trinidad And Tobago |
| Croatia | New Caledonia | Tristan Da Cunha |
| Cyprus | New Zealand | Turks And Caicos Islands |
| Czech Republic | Niue | United Arab Emirates |
| Denmark | Norfolk Island | United Kingdom |
| Estonia | Northern Cyprus | Uruguay |
| Falkland Islands | Northern Mariana Islands | Vatican |
| Faroe Islands | Norway | Wallis And Futuna |
| Finland | Oman | Western Sahara |
| France | Palau | |
| French Polynesia | Palestine | |
| Germany | Panama | |
| Gibraltar | Pitcairn Islands | |
| Greece | Poland | |
| | Portugal | |

TIER 5:

United States

PROFESSIONAL PROFILE

PROFESSIONAL/ACADEMIC DEGREE(S) _____ PROFESSIONAL TITLE _____

WORKPLACE SETTING

- | | | |
|--|--|---|
| <input type="checkbox"/> ACADEMIC HEALTH CENTER | <input type="checkbox"/> INDUSTRY | <input type="checkbox"/> GOVERNMENT (VETERANS ADMINISTRATION, NIH, NATIONAL HEALTH SERVICE, ETC.) |
| <input type="checkbox"/> ACADEMIC DEPARTMENT | <input type="checkbox"/> GROUP PRACTICE | |
| <input type="checkbox"/> HOSPITAL/HEALTH CENTER/CLINIC | <input type="checkbox"/> SOLO PRACTITIONER | |

PROFESSIONAL ROLES (PLEASE MARK P FOR PRIMARY AND S FOR SECONDARY)

- | | | |
|--|---|---|
| <input type="checkbox"/> ADMINISTRATOR | <input type="checkbox"/> CLINICAL RESEARCHER | <input type="checkbox"/> POSTDOCTORAL RESEARCH FELLOW |
| <input type="checkbox"/> ADVANCED PRACTICE PROVIDER (CLINICAL PRACTITIONER WITHOUT AN MD, DO, PHD, OR GLOBAL EQUIVALENT) | <input type="checkbox"/> CLINICAL PRACTITIONER | <input type="checkbox"/> INTERN |
| <input type="checkbox"/> BASIC RESEARCHER | <input type="checkbox"/> EDUCATOR | <input type="checkbox"/> MEDICAL STUDENT |
| | <input type="checkbox"/> CLINICAL FELLOW IN TRAINING | <input type="checkbox"/> RESIDENT |
| | <input type="checkbox"/> GRADUATE STUDENT/PHD STUDENT | <input type="checkbox"/> RETIRED |

DEMOGRAPHIC INFORMATION

DATE OF BIRTH (MONTH/DAY/YEAR): ____/____/____

RACE (VOLUNTARY)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> AFRICAN AMERICAN/BLACK | <input type="checkbox"/> NATIVE AMERICAN/ESKIMO/ALEUT | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> PACIFIC ISLANDER | <input type="checkbox"/> HISPANIC | |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> WHITE/CAUCASIAN | |

PRONOUNS (VOLUNTARY)

- | | | |
|---|---|--|
| <input type="checkbox"/> SHE/HER/HERS | <input type="checkbox"/> ZE/HIR/HIRS | <input type="checkbox"/> PREFER NOT TO SAY |
| <input type="checkbox"/> HE/HIM/HIS | <input type="checkbox"/> NO PRONOUNS (ONLY REFER TO ME BY NAME) | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> THEY/THEM/THEIRS | | |

CERTIFICATION

BOARD CERTIFICATION _____ YEAR _____

SUBSPECIALTY CERTIFICATION _____ YEAR _____

ARE YOU ACCEPTING NEW PATIENTS AND WANT TO BE LISTED IN THE ENDOCRINE SOCIETY'S "FIND-AN-ENDOCRINOLOGIST" DIRECTORY? YES NO

IN-TRAINING ASSOCIATE STATUS FOR FELLOW/STUDENT ASSOCIATES (REQUIRED FOR IN-TRAINING ASSOCIATE 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?

- | | | |
|--|---|---|
| <input type="checkbox"/> CLINICAL FELLOWSHIP | <input type="checkbox"/> GRADUATE SCHOOL | <input type="checkbox"/> UNDERGRADUATE SCHOOL |
| <input type="checkbox"/> POSTDOCTORAL/RESEARCH | <input type="checkbox"/> INTERNSHIP/RESIDENCY | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> FELLOWSHIP | <input type="checkbox"/> MEDICAL SCHOOL | |