APDEM
ASSOCIATION OF PROGRAM DIRECTORS IN ENDOCRINOLOGY ● DIABETES ● METABOLISM

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Email: apdem@endocrine.org
Website: www.apdem.org

2020-2021 APPLICATION FOR MEMBERSHIP

NAME OF PROGRAM DIRECTOR (PLEASE PRINT CLEARLY)

First (Given):	Middle:	Last (Surname):

MAILING ADDRESS (FOR MEMBER DIRECTORY LISTING AND ALL OTHER MAIL)

Institution:		Department:	
Street/PO:			
City:	State:	Zip/Mail Code:	Country:
Telephone:	Fax:	Email address:	o Check here if you do not have an email address

PROFESSIONAL ACTIVITY OF PROGRAM DIRECTOR

Degrees:	Professional Title:	Date of Birth:	Gender: o Male o Female

Which of the following best describes your professional role? (please mark only one)

❑ Adult Endocrinologist
❑ Pediatric Endocrinologist
❑ Other
_____

Section 1. Payment Information (please submit payment with application)

An APDEM membership is valid from July 1, 2020 until June 30, 2021 and costs $200.

Total Payment: **$ 200**

Please enclose your check or money order payable to **The Association of Program Directors in Endocrinology, Diabetes, and Metabolism (APDEM)** in U.S. funds only, drawn on a bank with U.S. branch, or complete the credit card information to the right.

o MasterCard   o Visa   o Check   o Money Order   o Cash

_____
Card Number   Expiration Date

_____
Name of Cardholder (please print):

_____
Billing Address

_____
Signature
Your signature authorizes your credit card to be charged for the **Total Payment**. APDEM reserves the right to charge the correct amount if different from the **Total Payment**.

Section 2. Additional Contacts

Please name up to two additional contacts for your program. These contacts should be your program's Assistant Program Director and/or Program Coordinator.

_____   _____
Assistant Program Director's Name   Program Coordinator's Name

_____   _____
Assistant Program Director's Email   Program Coordinator's Email

_____   _____
Assistant Program Director's Telephone   Program Coordinator's Telephone

Section 3. Applicant Signature: _____   Date: _____

FOR OFFICE USE	o New Applicant	o Renewal	o Upgrade
Accepted By:	Member ID#:	Join Date:	Source: ESO
Comments:_____			

Questions: If you have any questions concerning your application, please contact the Association of Program Directors in Endocrinology, Diabetes, and Metabolism by phone: 202-971-3660; by fax: 202-736-9705; by apdem@endocrine.org