APDEM
ASSOCIATION OF PROGRAM DIRECTORS IN ENDOCRINOLOGY • DIABETES • METABOLISM

2055 L Street, Suite 600
Washington, DC 20036
Phone (202) 971-3706; Fax (202) 736-9705
Email: apdem@endocrine.org
Website: www.apdem.org

2018 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 January 1, 2018 until June 30, 2019 and costs $275.

Total Payment: **$ 275**

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: 202-971-3706; by fax: 202-736-9705; by apdem@endocrine.org