

**2022-2023 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:	<input type="checkbox"/> Check here if you do not have an email address
PROFESSIONAL ACTIVITY OF PROGRAM DIRECTOR			
Degrees:	Professional Title:	Date of Birth:	Gender : <input type="radio"/> Male <input type="radio"/> Female
Which of the following best describes your professional role? (please mark only one)			
<input type="checkbox"/> Adult Endocrinologist <input type="checkbox"/> Pediatric Endocrinologist <input type="checkbox"/> Other _____			

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

This special APDEM 12-month membership is valid from July 1, 2022 until June 30, 2023 at the annual membership rate of \$250

**Total Payment:** \$ 250

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.

MasterCard  Visa  Check  Money Order  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:** \_\_\_\_\_

<b>FOR OFFICE USE</b>	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Renewal	<input type="checkbox"/> Upgrade
<b>Accepted By:</b>	<b>Member ID#:</b>	<b>Join Date:</b>	<b>Source: ESO</b>
<b>Comments:</b> _____			

**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 or email: apdem@endocrine.org. Please submit completed application form to apdem@endocrine.org.