

2023-2024 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 APDEM 12-month membership is valid from July 1, 2023 until June 30, 2024 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: _____

FOR OFFICE USE	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Renewal	<input type="checkbox"/> 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 or email: apdem@endocrine.org. Please submit completed application form to apdem@endocrine.org.