

ANDROGEN EXCESS & PCOS SOCIETY

Lifetime Membership Form

Member Information (please print or type)

First Name	
Last Name	
Specialty/Subspecialty	
Institution	
City	
State or Country	
ZIP Code	
Telephone	
Fax	
E-Mail	

Lifetime Active Membership dues: \$ 1500

I will pay my lifetime membership dues in the form of:
check ____ credit card ____ bank transfer____ PayPal _____

Credit card type	
Credit card number	
Expiration date CVV code	
Cardholder name	

You may pay membership dues [online](https://www.ae-society.org/online) or by sending this form with your credit card data to enrico.carmina@ae-society.org.

Make checks payable to Androgen Excess Society. Send checks to: Androgen Excess and PCOS Society, via delle Croci 47, First floor, suite 10, 90139 Palermo, ITALY

Bank transfer: Title of Account: Androgen Excess Society, Bank Name: **Wells Fargo Bank**, San Francisco, CA, Account Number: 3648103269, SWIFT Code: WFBIUS6S