

# ANDROGEN EXCESS & PCOS SOCIETY

## MEMBERSHIP REGISTRATION FORM

### Member Information (please print or type)

First Name	
Last Name	
Specialty/Subspecialty	
Institution/Practice	
City	
State and/or Country	
ZIP Code	
Office Telephone	
Office E-Mail	
Office Website	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Include my contact information on our on-line list of healthcare providers or clinical research centers

### Membership dues

**Active members:** 2018 active membership \$150 ;  
2018 - 2019 active membership: \$270

**Lifetime active membership:** \$1,500

**Associate members:** 2018 associate membership \$100   
2018 - 2019 associate membership: \$180

I pay membership dues in the form of:

cash \_\_\_\_ check \_\_\_\_ credit card \_\_\_\_ online \_\_\_\_ (visit [www.ae-society.org/join](http://www.ae-society.org/join))

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

Pay online using Paypal on our website: [www.ae-society.org](http://www.ae-society.org) or by sending credit card data to [enrico.carmina@ae-society.org](mailto:enrico.carmina@ae-society.org) or by sending checks to the following address: **Androgen Excess and PCOS Society, via delle Croci 47, First floor, suite 10, 90139 Palermo, ITALY.** Make checks payable to the Androgen Excess Society.