

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: January 2019 – December 2019 active membership \$170 ;
 January 2019– December 2020 active membership: \$300

Lifetime active membership: \$1,700

Associate members: January 2019 – December 2019 associate membership \$100
 January 2019 – December 2020 associate membership: \$180

I pay membership dues in the form of:

cash ____ check ____ credit card ____ online ____ (visit 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 or by sending credit card data to 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.