

ANDROGEN EXCESS & PCOS SOCIETY

Membership Form

Member Information (please print or type)

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

Membership dues

Regular Active Members:

- 1-year membership: January 2017 – December 2017 membership \$150
- 2-year membership: January 2017 – December 2018 active membership \$270

Associate Members

- 1-year membership: January 2017 – December 2017 membership \$100
- 2-year membership: January 2017 – December 2018 associate membership \$180

I will pay membership dues in the form of:
cash ____ check ____ credit card ____ Paypal _____

Credit card type	
Credit card number	
Expiration date	
Cardholder name	

You may pay membership dues [online](#) or by sending this form with your credit card data to enrico.carmina@ae-society.org. You may also send a check 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 and PCOS Society.