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2024-2025 APPLICATION FOR MEMBERSHIP

First (Given):	NAME OF PROGRAM Middle:		ist (Surname):		
MAILIN	G ADDRESS (FOR MEME	BER DIRECTORY LIST	ING AND ALL OTH	ER MAIL)	
Institution:		Department:			
Street/PO:					
City:	State:	Zip/Mail Code:	Country:		
Telephone:	Fax:	Email address:	o Check here if you do	not have an email address	
	PROFESSIONAL A	ACTIVITY OF PROGRA	AM DIRECTOR		
Degrees:	Professional Title:		Date of Birth:	Gender : o Male o Female	
Which of the following best des Adult Endocrinologist Pediatric Endocrinologist Other	scribes your professional role? (pl	ease mark only one)			
-	rmation (please submit p	ayment with applicati	on)		
This APDEM 12-month member 2023 until June 30, 2024 at the of \$250		Card Number		Expiration Date	
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.		Name of Cardholder (p	lease print):		
		Billing Address			
o MasterCard o Visa o Checl	ard o Visa o Check o Money Order o Cash		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 Co	ntacts_	·			
Please name up to two additiona Coordinator.	al contacts for your program. The	se contacts should be your p	rogram's Assistant Progra	am Director and/or Program	
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	o New Applicant	o Renewal		o 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.