



## The Pituitary Society Membership Application

VA Medical Center • 423 East 23<sup>rd</sup> Street, #16048aW • New York, NY 10010 •  
Phone 212-951-7035 • Fax 212-951-7050

The Pituitary Society welcomes applications for active membership from professionals who have a commitment to enhance the knowledge of pituitary sciences as considered in broad terms, of molecular and cellular biology, physiology, and pathology, and of hypothalamo-pituitary diseases.

Individuals wishing to become members should be active in the field and submit this application to the Secretary-Treasurer containing:

- a) A request for membership in one of the following areas:
  1. Researcher
  2. Clinical work
  3. Clinical – Research
  4. Corporate
  5. Other (specify)
- b) Brief Curriculum Vitae (maximum 3 pages).
- c) A signed letter (or email) from an active member supporting the application.

Applications are reviewed and membership determinations made by the Executive Committee of the Board of Directors at the request of the Secretary-Treasurer.

The absence of payment of membership fees for two years will lead to the suspension of active membership privileges – including voting rights, journal subscription and capacity to be elected.

### **Membership includes:**

- Discounted registration fees for International Pituitary Congress
- Subscription to the *Pituitary* Journal
- Access to members section on the Pituitary Society website

**THE PITUITARY SOCIETY - APPLICATION FORM – 2 YEAR MEMBERSHIP**

Date: \_\_\_\_\_

The Pituitary Society website includes a Member Directory, accessible to members, AND a Patient Referral Directory, accessible to all. Provide contact information BELOW as you would like it listed. Check the box at the right to indicate what information you want included in the Patient Referral Directory. Please print information clearly.

Please do NOT include my information in the patient referral directory.

Membership area:     Researcher                       Clinical work                       Clinical Research                       Corporate  
 Other (specify) \_\_\_\_\_

Specialty:     Internal Medicine                       OB-GYN                       Pathology                       Neurosurgery  
 Oncology                       Other (specify): \_\_\_\_\_

Indicate if you specialize in  Adult or  Pediatric, or both by checking the boxes.

Membership type:                       Regular (\$200 USD)                       Associate in Training (\$150 USD)

APPLICANT NAME:

\_\_\_\_\_ *first*                      *middle*                      *last*

Professional Address	Include in Patient Referral Directory: (check box)
Department:	<input type="checkbox"/>
Institution:	<input type="checkbox"/>
Street:	<input type="checkbox"/>
City:    State:	<input type="checkbox"/>
Zip/mail code:	<input type="checkbox"/>
Country:	<input type="checkbox"/>
Telephone:	<input type="checkbox"/>
Fax:	<input type="checkbox"/>
Email address:	<input type="checkbox"/>

**Payment:**

Checks must be drawn on a US bank and made payable to "The Pituitary Society"  
 Charge to MasterCard or Visa (no American Express).                       MasterCard                       Visa

Name (as it appears on credit card) \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_                      Signature \_\_\_\_\_

Mail check, application and supporting documents to: **The Pituitary Society, VA Medical Center, 423 East 23<sup>rd</sup> Street, Rm16048aW, New York, NY 10010.**

If using a credit card fax application and documents to: 212-951-7050