

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

Active members: 2015 membership \$150☐;
2015 – 2016 active membership: \$270☐.

Lifetime active membership: \$1,500☐.

Associate members 2015 membership \$100;
2015 – 2016 associate membership: \$180☐.

I pay membership dues in the form of:

cash ☐ check ☐ credit card ☐ online ☐ www.ae-society.org/join

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

Please, email credit card information to enrico.carmina@ae-society.org or fax to +39091328997.

Make checks payable to Androgen Excess Society. Send checks to: Androgen Excess and PCOS Society, via delle Croci 47, First floor, suite 10, 90139 Palermo, ITALY