

# ANDROGEN EXCESS AND PCOS SOCIETY

## Membership application form

### Member Information (please print or type)

First Name	
Last Name	
Specialty/Subspecialty area	
Institution	
City	
State or Country	
ZIP Code	
Telephone (business)	
Fax	
E-Mail	

### Membership dues

Active members \$120 yearly.

Associate members \$80 yearly

I pay membership dues in the form of:  
\_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ other.

Credit card type	
Credit card number	
Expiration date	
Cardholder name	

Please, email credit card information to [enrico.carmina@ae-society.org](mailto: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