

ANDROGEN EXCESS & PCOS SOCIETY

Membership renewal form

Member Information (please print or type)

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