

Philadelphia Endocrine Society

President Monika K. Shirodkar, MD
Vice-President/ Anita Azam, MD
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Philadelphia Endocrine Society
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**2016 – 2017
Membership Application**

Contact Information

Date: _____
Name: _____
Degree(s): _____
Title: _____
Organization: _____
Address: _____

Phone: _____ Fax: _____
Email: _____

Membership Information

Membership includes nine (9) programs. It allows you access to wonderful educational opportunities and a chance to interact with colleagues. As always, a buffet dinner and light bar is included. Membership in the Society for the entire year is \$100.00 for physician members, \$200.00 for industry/pharmaceutical representatives, and \$50 for ancillary clinical personnel. Membership fees are waived for fellows and residents in training. Please help support this fine program with your membership

Dues Paid: Yes No Fellow (n/a)

**MAKE CHECK PAYABLE TO:
Philadelphia Endocrine Society**

**MAIL PAYMENT TO:
Philadelphia Endocrine Society
8 Michaelson Drive
Mount Laurel, NJ 08054**

FOR PES USE ONLY:

Approved Date of Approval _____

Not Approved

Comments: _____

Added to membership list

Added to e-mail distribution list