

PEDIATRIC ENDOCRINE SOCIETY
Application for Membership

Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Postdoctoral Dates: _____ Location: _____

Academic Position: Past and present Endo/Metab activities and date of each activity – patient care, research, teaching, etc.

Please arrange for one (1) Letter of Recommendation, **preferably from your training Program Director**, to be sent to info@pedsendo.org. Sponsors must be members of PES.

Sponsor Name (please print): _____

Email: _____

It is the applicant's responsibility to ensure that the letters of recommendation are sent.

Curriculum Vitae must include references to:

- All post graduate training
- All specialty board certifications, including certificate numbers and dates
- Membership in other societies
- Bibliography (note which papers are peer reviewed). If one or more of these publications are used to fulfill criteria for membership, please highlight and write the publication number here: _____

Please email this completed form, along with your CV, to **info@pedsendo.org**.

Or you may also send any of these items by regular postal service to the address below.

Applications are complete when this application, CV, and Letter of Recommendation are received.

PES
6728 Old McLean Village Drive
McLean, VA 22101
(703) 556-9222 ~ (703) 556-8729 fax ~ www.lwpes.org