

LAWSON WILKINS 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@lwpes.org. Sponsors must be members of LWPES.

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@lwpes.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.