MEMBERSHIP APPLICATION

American Thyroid Association[®] Join the ATA[®] online at <u>www.thyroid.org</u>

 Selection for membership in the American Demonstrated interest in the ATA is of par Interest in attending ATA meetings curren Interest in understanding the causes and in Efforts in and commitment to thyroid-orient 	amount importance in seeking memb tly or in the future: Annual, Symposi aproving the clinical management of	vership. um, Workshops.
Before applying, please review the Member	rship Guidelines and Membership	Categories on the ATA web site, <u>www.thyroid.org</u> .
Date		
Last name	First name	Middle initial
Degrees		Date of Birth
Applying for membership category: All fee Active Member (Active members may be		neetings) Full year \$649*
Corresponding Member (International r	nembers only; not required to attend the	e annual meeting or receive the print journal) Full year \$150*
Corresponding Member: Emerging Nat	ions (Applicants from countries specified	ed by the World Bank as low income, lower-middle income and
upper-middle income. World Bank Li	st https://datahelpdesk.worldbank.org/kno	owledgebase/articles/906519) Full year \$70*
Early Career Member - Active (comple membership) Full Year \$249	ted their training program or postdoctor	al fellowship in the last 5 years and would qualify for Active
Early Career Member – Corresponding Corresponding membership) Full Yes		postdoctoral fellowship in the last 5 years and would qualify for
Associate Member (Medical students g	raduate students, residents, or fellows in	n post-graduate clinical or basic training) Full Year \$40
Advanced Thyroid Professional (Health Full year \$150*	acare professional, such as NP, RN or P	A, without a medical or doctoral degree [MD, DO, or PhD])
Title/Academic Appointments		
Institution/office		
Office address		
City		
-	Office fax	
		il address
Home address		Country
City Home telephone		
Preferred address, phone, fax, and e-mail for A		
License to practice: State/Province	-	
Primary Specialty	Primary Practice Setting	
ATA Annual Meetings attended (please list y		
Please submit your completed application of 1. Your CV, including:	online at <u>www.thyroid.org</u> , along w	ith: TION
 Internship and residencies (inc Past and present professional a ATA annual meetings attended 		de dates)
 Bibliography, emphasizing thy Brief description of how your current profession Brief description of what motivates your d A photograph. 	essional activities reflect your interes	t in clinical thyroid disease or thyroid-related scientific
	roved by majority vote of the ATA Board	ATA Board of Directors for approval. Those recommended for of Directors. The list of accepted members is published in the on acceptance of membership.
SEND YOUR COMPLETED	Membership Department	phone 703 998-8890
APPLICATION AND ENCLOSURES TO:	American Thyroid Associatio 6066 Leesburg Pike, Suite 55	
ENCLOSURES TO:	Falls Church, VA 22041	0 e-mail: atamembership@thyroid.org web: www.thyroid.org