cc-aace
carolinas chapter of the american association of clinical endocrinologists

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Application for Membership

Complete this form or join online at www.cc-aace.org

Section I

Full Name: _____ Credentials: ☐ MD, ☐ DO, _____

☐ Male ☐ Female Date of Birth: _____ Married? ☐ Yes Spouse's Name _____

Email: _____ Cell Phone: _____

Practice Name: _____ Fax Number: _____

Business Address (preferred mailing address? ☐ Yes): City, State, Zip: Business Telephone:

_____ _____ _____

Home Address (preferred mailing address? ☐ Yes): City, State, Zip: Home Telephone:

_____ _____ _____

Section II

Medical School: _____ Year of Completion: _____

Residency Program: _____ Year of Completion: _____

Fellowship Program: _____ Year of Completion: _____

Medical License Number: _____ ☐ NC ☐ SC ☐ None

Are you a member of the American Academy of Clinical Endocrinologists? ☐ Yes ☐ No

Is your practice limited to endocrinology? ☐ Yes ☐ No If no, additional practice area(s): _____

Section III

Membership Type: ☐ MD or DO (Dues=$100) ☐ Resident or Fellow-in-Training (Dues=$0)

☐ Senior (retired from active clinical practice) (Dues=$0)

Payment Options: ☐ Check payable to CC-AACE ☐ MasterCard ☐ Visa

Card number: _____ Exp. Date: _____ CVV: _____

Applicant's Signature _____ Date: _____

Complete and return this form by mail or fax to:
CC-AACE, PO Box 27167, Raleigh, NC 27611 | Fax: 919-833-2023

Dues to CC-AACE are not tax deductible as charitable contributions for Federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.