



Carolinas Chapter – AACE  
PO Box 27167 | Raleigh, NC 27611  
Tel: 919-833-3836 | Fax: 919-833-2023  
endocrin@ncmedsoc.org | www.cc-aace.org

**Carolinas Chapter**

**Application for Membership**  
Complete this form or join online at [www.cc-aace.org](http://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=\$125)  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.