

P.A.R.E.S.

Philadelphia Area Reproductive Endocrine Society
308 Rolling Creek Road
Swarthmore, PA 19081
484-716-8909
Email: pares.office@yahoo.com

APPLICATION FOR MEMBERSHIP

Date _____

The undersigned respectfully makes application for membership in the Philadelphia Area Reproductive Endocrine Society.

(Please print or type)

Name _____

Office Address _____

Home Address _____

Telephone: (office) _____ Fax: _____ Email: _____

Medical School _____ Year of Graduation _____

Residency _____ From _____ To _____

Fellowship _____ From _____ To _____

Hospital Affiliations _____

Sponsors: (must be Active Members)

(1) _____

Applicants are asked to submit: (1) a curriculum vitae with this form, and (2) a letter of endorsement from a current member of PARES, and (3) a check (\$100) payable to P.A.R.E.S. to cover the dues.

Please forward all correspondence to the attention of:

Teri Wiseley, CMM, CPM
Executive Director
Philadelphia Area Reproductive Endocrine Society
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