

# The North American Menopause Society

## Membership Application

All health professionals with an interest in the many issues affecting women as they approach menopause and beyond are invited to apply for membership in The North American Menopause Society (NAMS) by completing both sides of this form. This information will be used only to contact you regarding your membership.

\_\_\_\_\_  
 Last Name First Name Middle Initial

\_\_\_\_\_  
 Credentials (eg, MD, PhD, RN, NP)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Street/P.O. Box City

\_\_\_\_\_  
 State/Province ZIP/Postal Code Country

\_\_\_\_\_  
 Telephone Fax

\_\_\_\_\_  
 Email Address

As a member, I agree to support the Mission and to further the efforts of the Society. I have completed the reverse side of this form, and have enclosed payment of annual dues for the member category indicated below.

\_\_\_\_\_  
 Signature of Applicant Date

Member Category	Annual Dues (Jan.-Dec.)	Half-Year Dues (July-Dec.)	Amount Enclosed	Method of Payment
<input type="radio"/> Active Member	\$275.00	\$200.00	\$ _____	<input type="radio"/> Check (in U.S. funds) enclosed, made payable to: <b>The North American Menopause Society</b> <input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover
<input type="radio"/> Associate Member (student, resident, fellow)	\$160.00	\$155.00	\$ _____	
			\$ _____	
		<b>Total</b>	\$ _____	_____ Cardholder's City State ZIP/Postal Code _____ Card Number Expiration Date _____ CVS/CW2 (security code found on credit card) _____ Signature

Help make a difference in women's lives through a tax-deductible donation. NAMS is a 501(c)(3) nonprofit organization (tax ID 34-1604749).



Please provide the following information, allowing NAMS to better serve the needs of its members.

Profession (choose only one):

- Administrators, Educators, Exercise Specialists, Healthcare Industry, Mental Health Professionals, Nurses, Nurse Practitioners, Other:
Nurse Midwives, Nutritionists, Pharmacists, Physicians, Physician Assistants, Publishing/Writing, Researchers

Primarily involved in (choose only one):

- Clinical Practice, Research, Other:

Speciality (choose only one):

- Menopause, Obstetrics/Gynecology, Gynecology, Reproductive Endocrinology, Endocrinology, Geriatrics, Family Practice, Internal Medicine, Cardiology, Mental Health, Other:
Urology, Public Health, Radiology, Rheumatology, Women's Health, Bone Health, Oncology, Fitness, Nutrition

NAMS occasionally rents the names and postal addresses of its members to third parties for educational mailings, provided the contents are approved by the NAMS Board of Trustees. Do you wish to receive these mailings?

- Yes, No

Do you wish to receive the following e-mails from NAMS?

- General NAMS news and notices
First to Know e-newsletter (latest, breaking research news and menopause information with expert commentary)
Menopause e-Consult e-newsletter (clinical questions and cases with expert commentary)
Menopause Care Updates e-newsletter (summaries and in-depth commentaries on recent scientific articles that inform and influence clinical menopause practice)

Mail to: The North American Menopause Society, 5900 Landerbrook Drive, Suite 390, Mayfield Heights, OH 44124, USA. Telephone: 440/442-7550, Fax: 440/442-2660, Email: info@menopause.org, Website: www.menopause.org

Please complete the following:

- 1. Do you have a valid and unrestricted license for clinical practice?
2. Do you have a valid and unrestricted DEA Registration Number?
3. Have you ever been denied membership or reappointment to the medical staff of any hospital or have your privileges ever been suspended, curtailed, or revoked?
4. Have you ever been: (i) convicted of healthcare fraud or a healthcare-related crime; (ii) suspended, sanctioned, restricted, or excluded from participating in any private, federal, or state health insurance program; (iii) convicted of theft or embezzlement relating to a healthcare program; (iv) convicted of any crime in the course and scope of your professional employment?
5. Have any adverse circumstances occurred that prevent you from obtaining malpractice insurance?
6. Have you ever been convicted of a felony?

If you answered "No" to questions 1 or 2 or "Yes" to any of questions 3-6, please explain:

Three horizontal lines for explanation.

Name (please print)

Signature

Date

Please indicate if you would like your name to be added to the NAMS Website "Find a Menopause Practitioner" list:

- No, please do not include me in the list.
Yes, list me using the information on this application.
Yes, list me using the following contact information:

Address

City, State, Zip/Postal Code, Country

Telephone